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## SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom  
Mayor

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### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, January 12, 2011

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

6:30 – 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

#### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates: Maria Iyog-O'Malley and Diane Prentiss will present the MHSA 5 year report.

2.2 Public Comment

#### Item 3.0 PRESENTATION: OVERVIEW OF HOUSING FOR PEOPLE IN SAN FRANCISCO WITH MENTAL ILLNESS, MARC TROTZ, DIRECTOR OF HOUSING AND URBAN HEALTH, DPH

For discussion.

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3.1 Presentation: Overview of Housing for People in San Francisco with Mental Illness, Marc Trotz, Director of Housing and Urban Health, DPH

3.2 Public comment

#### **Item 4.0 ACTION ITEMS**

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of November 10, 2010 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board Retreat of December 4, 2010 be approved as submitted.

#### **Item 5.0 REPORTS**

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3. Report from the Nominating Committee Chair, Lisa Williams

5.4 Report by members of the Board on their activities on behalf of the Board.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.6 Public comment.

#### **Item 6.0 PUBLIC COMMENT**

#### **ADJOURNMENT**

#### **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

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Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

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# SAN FRANCISCO MENTAL HEALTH BOARD



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## NOTES

Mental Health Board  
Wednesday, January 12, 2011  
City Hall, Room 278  
San Francisco, CA

## GOVERNMENT DOCUMENTS DEPT

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**BOARD MEMBERS PRESENT:** M. Lara Siazon Arguelles, Vice-Chair; Errol Wishom, Secretary; Lynn Fuller; Ellis Joseph; Lisa Williams; and Virginia Wright.

**BOARD MEMBERS ON LEAVE:** Iviana Williams.

**BOARD MEMBERS ABSENT:** Njoroge Tho-Biaz, M.A., James Shaye Keys, Chair; Officer Kelly Dunn; and James L. McGhee.

**OTHERS PRESENT:** Helynn Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Ms. Iyog-O'Malley, MBA, PA, MHSA Coordinator; Diane Prentiss, MHSA Epidemiologist/Evaluator, Office of Quality Management Community Programs of Department of Public Health (DPH); Thomas Blecker, PhD, Assistant Director of Office of Quality Management Community Programs; Marc Trotz, Director of Housing and Urban Health, and Interim Director of Community Programs, John Dorsey; Michael Wise; Alphonso Vinh; Mental Health Association of San Francisco (MHA-SF); David Elliott Lewis; and seven other members of the public.

## CALL TO ORDER

The meeting was called to order at 6:32 PM.

## ROLL CALL

Ms. Brooke called the roll.

## AGENDA CHANGES

The presentation by Mr. Marc Trotz, Item # 3, will precede the Director's Report, followed by Item #2, Mental Health Services Act Updates."

## ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Arguelles: "On behalf of Ms. Jo Robinson who is still in another meeting right now, Director of Community Behavioral Health Services (CBHS), Ms. Iyog-O'Malley will give the January 2011 Director's Report.

*Please see the attached January 2011 Director's report.*

## **Monthly Director's Report** **January 2011**

### **1. San Francisco Youth Creating Community Change, (SYCCC)**

In response to the Department's expanded focus on environmental prevention approaches to substance abuse, CBHS prevention providers have formed a new city-wide coalition focusing on changing SF laws, policies and norms that make alcohol popular, appealing, and available. This coalition includes student leaders, CBHS prevention providers, and advocates, including Horizons Unlimited, Community Youth Center of San Francisco, Bayview-Hunter's Point Foundation, Filipino Community Center, Samoan Community Development Center, Vietnamese Youth Development Center, National Council on Alcoholism, Japanese Community Youth Council, OMI/Excelsior Beacon, Larkin Street Youth Services, San Francisco Friday Night Live, Asian American Recovery Services, Asian Youth Prevention Services, and the Marin Institute. The Youth Leadership Institute staffs the coalition. Though coalition meetings began in mid October, they have already secured a small victory with the recent SF Chronicle article targeting liquor stores that continue to sell recently banned Alcoholic Energy Drinks like Four Loko. The Coalition identified these continued sales as a problem, and successfully pushed for press coverage, resulting in a number of stores immediately ceasing sales. Unlike many adult-led efforts, this coalition—San Francisco Youth Creating Community Change, (SYCCC) brings youth leaders together with adult and youth to set priorities and solve problems collectively. SYCCC is currently finalizing the selection of its larger campaign and will be moving forward with campaign development and implementation shortly. Many of the coalition's prevention provider members are also launching exciting new prevention projects with their own youth, but focusing on issues of access, norms and media messages at the neighborhood or school site level.

### **2. Pathways to Discovery**

Pathways to Discovery, the peer-run counseling and support services component of Community Behavioral Health Services, hosted its annual Holiday Retreat and Celebration at 1380 Howard Street on December 22, 2010, from 11:30am to 2pm. Staff and guests were treated to a noontime celebration of food, friendship, and recognition of achievements and individual contributions to the four year old organization, including the awarding of certificates of honor to various community institutions whose collaborations make the work of Pathways so relevant and unique. Among the agencies so honored were the San Francisco Study Center, Mission ACT, the Coronado Hotel, the Mental Health Board, and City College of San Francisco for helping to ably assist Pathways in attaining its goals and guiding its direction in the services to its clientele



during the year just concluded. Also recognized were the contributions of the staff, the volunteers, the interns, and Pathways “Heroes” who contributed to another successful year. Pathways to Discovery’s Director, Sandi Robison, has proposed that Mission ACT be considered for a Promising Practices designation from the Department of Public Health, for its outstanding leadership role in advancing the work of consumer providers in its mission and in its daily practice. We look forward to increased visibility from Pathways in the behavioral health community in its own mission to support and assist consumers in the ways and means of mental health/substance abuse service delivery as we enter the forthcoming year.

### 3. **Gender-Nonconforming LGBT**

*Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment*

Russell B. Toomey, Caitlin Ryan, Rafael M. Diaz, Noel A. Card, and Stephen T. Russell

A study published in the November 2010 edition of *Developmental Psychology*, shows that lesbian, gay, bisexual, and transgender (LGBT) youth who do not conform to societal gender norms have compromised mental health that is clearly linked to the bullying and harassment they receive in school.

The authors analyzed data from the Family Acceptance Project’s young adult survey, which examined school-related experiences of 245 LGBT young adults, ages 21-25. The study found that LGBT young adults who did not socially conform to gender roles as adolescents, reported higher levels of depression and decreased life satisfaction in young adulthood. The findings also show that anti-LGBT bullying in school largely accounts for this psychological harm.

The study calls for schools to take action to address the bullying, violence, and social isolation that gender-nonconforming LGBT youth face. Co-author, Caitlin Ryan concluded: “Each day we see tragedies directly related to anti-LGBT school victimization. This study provides clear evidence of the lasting effects of school bullying related to gender expression and LGBT identity. Schools can no longer turn a blind eye to these problems without being held accountable for the mental health problems these children suffer.”

For a copy of this article or for additional information, please visit the Family Acceptance Project website at: <http://familyproject.sfsu.edu/publications>.

### 4. **Jelani Childcare Program**

Jelani, Inc. would like to announce the opening of a new childcare area at our Family Program site. Funding was provided by Bud and Lil Moose Memorial Bright Space. The childcare area is a new addition to the Family Program that provides residential drug treatment to couples with children and fathers with their children. This new area will promote on-site parental bonding and therapy services for clients of Jelani, Inc. The ribbon cutting is scheduled for January 19th, 2011 at 2PM AT 1638 Kirkwood Street in San Francisco. For more information or program application, please call 271-5891 or 822-5377

## **5. Peer Specialist Mental Health Certificate Program**

The Peer Specialist Mental Health Certificate Program - a collaboration between Richmond Area Multi-Services, Inc. and San Francisco State University's Department of Counseling - is proud to present its first cohort of graduates from the Fall Cohort of 2010. This unique class offering, funded by the Mental Health Services Act, allowed both agencies to create a pioneering curriculum designed to prepare individuals for employment into the behavioral health system. After 12 weeks of intensive and rigorous training, the students are ready to increase the workforce and let their voices be heard. Engagement and retention was high with 18 students successfully completing the course out of the 20 that were selected for the initial class offering. The program included weekly classes, quizzes & exams, job shadowing and volunteer experiences that each individual had to complete in order to pass this course. The success of this program would not have been possible without the amazing support that was received from the San Francisco community that came in various forms such as the contributions of valuable hours from our panel of guest lecturers who agreed to share their knowledge and expertise free of charge as well as donations of food and supplies. The Certificate Program had the opportunity to acknowledge all these contributions and honor the students' accomplishments during the graduation ceremony held in December 2010. The presence of family members from as far as Alaska and Utah as well as having representatives from three generations truly made this event memorable. It was a fitting way to honor the level of commitment, focus, and determination of all the students who plowed through all obstacles imaginable just to finish this course. Many of the graduates are in the process of getting registered with the Employment Services of RAMS Hire-Ability as well as the State Department of Rehabilitation to begin the job search. For some students, it is a matter of following up on the job leads or offers already received from their job shadow sites as well as contacts from the Job Fair hosted by the program. Organized activities such as alumni events as well as advisory committees are in the pipeline and ready for implementation in the coming months to ensure that the graduates receive continued support and guidance. In fact, several of the graduates came to the recent Open House for the Spring 2011 cohort to show support for the program but more importantly to provide assistance to the new applicants, a testament to how they have eased into their roles as peer counselors. With the amount of work that has been accomplished in the past year, there is still a lot more to be done yet RAMS is filled with an overwhelming sense of renewed hope and faith in the future. The best is yet to come!

RAMS, in collaboration with SFSU, is pleased & very excited to announce the Spring 2011 Peer Specialist Mental Health Certificate course. We are accepting applications until January 18, 2011. This information is also posted online at [www.ramsinc.org](http://www.ramsinc.org) on the left-side of the webpage along with the listing of other programs/services at RAMS. Please kindly let others know and distribute this within your network.

Please feel free to contact Mia Veroy, Program Coordinator, with any questions at: [miaveroy@ramsinc.org](mailto:miaveroy@ramsinc.org)

## **6. State Director of Mental Health Retires**

Friends,

In 1993 when I accepted the job as Director of the Department of Mental Health, I thought I would stay 18 months. Now it has been 18 years and three administrations. I have decided it is my time to retire. This job has been the most challenging, complex and complicated position I have ever had, but it has also been the most fulfilling, enriching and best job I have ever had. Without it I would not have met so many incredible people, whose passion, commitment and perseverance has inspired me in so many ways. I now understand much better the challenges and barriers persons with mental illness face, be it stigma, discrimination, and/or lack of access. We have all promised to change these issues as our highest priority.

Those of us working in the California Mental Health Systems have developed a strong and powerful voice. We have empowered many people as we have fully embraced recovery and resilience. We are building a system around individuals and families, not the needs of the bureaucracy. I leave fully confident that this voice is resonant and will continue to be heard. I have always said mental health is about people. It is not high tech, and it is you all who make a difference on a daily basis.

I leave believing we are on track to have the best overall mental health system in the country. We have pockets of brilliance and innovation, and excellent treatment and results that give people back their lives. Skeptics always said California was too big to govern or change, but you have proven them wrong. Collaboration, persistence, patience and vision have paved the way. However, our system is not perfect; it is not even as good as it should be. Our challenge in the future is to redouble our efforts at collaboration, persistence, quality and accountability. Recovery is about hope, about faith, about vision and about building on our strengths. We can never lose sight of that.

I want to thank every one of you for the support, the encouragement and the quest for excellence. Every day I see courage and resolve in you, our clients, in our families and in our providers. It has given me a strength for which I cannot thank you enough. I have been truly blessed and humbled by the opportunities given to me.

I will cherish and embrace these memories forever.

Fondly,  
Steve Mayberg

- 
7. **Upcoming Training**  
**February 18th from 8:30am - 4:30pm**  
**Location: St. Mary's Cathedral Conference Center**  
**Presenter: Joy DeGruy, PhD**

This conference will highlight cultural competent treatment models and practices & cultural consideration for African Americans throughout a continuum of care. Clinicians and practitioners will reflect on culture specific models of service delivery & practice for African Americans developed by the presenter. This conference couples evidence-based practice models and culturally responsive intervention approaches when working with African Americans. Thus the unique values, customs and traditions that characterize and distinguish African Americans from other cultural and ethnic groups will be explored. As well, the presenter will discuss how these tools will be used in assisting, supporting and strengthening individuals, families and groups.

For more information regarding these trainings, please contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)

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<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>  
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## **1.2 Public Comment**

No public comments.

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Maria Iyog-O'Malley and Diane Prentiss will present the MHSA 5 year report.**

Ms. Arguelles: "Thank you for your patience, Maria and Diane. Now we will have an update by Mental Health Services Act staff."

*Please see the MHSA 5 Year Report is attached at the end of the minutes.*

## **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATIONS: OVERVIEW OF HOUSING FOR PEOPLE IN SAN FRANCISCO WITH MENTAL ILLNESS, MARC TROTZ, DIRECTOR OF HOUSING AND URBAN HEALTH, DPH**

Ms. Arguelles: "I am pleased to introduce Mr. Marc Trotz."

### **3.1. Presentation: Overview of Housing for People in San Francisco with Mental Illness, Marc Trotz, Director of Housing and Urban Health, DPH**

**Mr. Marc Trotz**

Mr. Trotz: "I am from Housing and Urban Health (HUH) of the San Francisco Department of Public Health (DPH). My focus will mostly be on supportive housing and various housing options for people who are living in poverty and have co-occurring medical conditions which may include chronic health issues.

In general, funding from the Mayor's Office of Housing (MOH) department and community partners supports community economic revitalization. The San Francisco Redevelopment Agency (SFRA) with approved redevelopment projects from the Board of Supervisors seeks out blighted areas in the City for redevelopment. After redevelopment, places like the Hunters Point Shipyard, Bayview Hunters Point, and Vistacion Valley have revitalized with affordable housing and an attractive business environment for economic growth in these communities.

In community redevelopment, each agency and private entities provide local dollars that are matched by public investments. A part of redevelopment is having affordable housing which is defined as 40% of median income of \$10K to \$20K per person. This definition means many indigents are excluded from being able to pay for affordable housing.

People at-risk of homelessness not only need supportive housing but they also have, more often than not, co-occurring medical conditions. Often these people tend to have bad health outcomes because they often have co-occurring mental illness, substance abuse or chronic medical conditions. But their health tends to stabilize when they receive supportive housing with on-site support services.

In supportive housing, a third of a person's income is allocated toward housing expenses. The balance is subsidized for the tenant. Onsite medical services often come with supportive housing. In the last five years, we have nurses in housing buildings to facilitate medication management and to provide medical care, so tenants do not have to go to San Francisco General Hospital.

Direct Access to Housing (DAH) was established in 1998 to assist in permanent supportive housing for very low-income residents who are at-risk of homelessness and have co-occurring health issues. We have harm reduction housing which is the national buzz word for Housing First. This means we let people into housing and then work on other issues.

We have had housing by diagnosis environment, which was a type of housing in the early 1990's. An example is housing for people with a certain mental health condition or AIDS. But we try to move beyond such categorizing. DAH is very inclusive because often we find people have co-occurring diagnoses anyway. At least 60% of the units are occupied by people with mental illness and substance abuse or some type of dual diagnoses.

Over the past 10 years, DAH has offered 1,071 permanent supportive housing units in 28 buildings throughout the City. We constantly face the demand for such housing which outstrips the available supply because there is not enough money and/or units.

At first there were master leased buildings for single resident occupation (SRO) units in the Tenderloin. Akin to a college dormitory building, SRO units have some drawbacks. There are not a lot of restrictions to who comes in and out of the building and bathrooms must be shared among residents on the same floor. There are safety concerns for elderly and women, or other vulnerable populations.

Mayor Gavin Newsom mandated that any new non-profit owned buildings must be available as supportive housing. Lots of new buildings under DAH have been declared as Mental Health Services Act (MHSA) units. A new building being built is 220 Golden Gate which has allocated 17 MHSA units out of 175 total units.

The 149 Mason Street building was opened six months ago by Glide Church. This building is very close to the Nikko Hotel. We expect about 551 units from seven buildings will come down the pipeline between now and 2013. These are set aside for MHSA target population adults.

The new trend is a movement toward self-contained units that have a kitchenette, a bathroom, and a refrigerator. A few amenities in self-contained units provide a nicer quality of life. Both of the Glides Housing buildings have self-contained units.

In Hayes Valley, around McAllister Street and Gough Street, also known as Parcel G and near City Hall, is an eight story building with a 120-unit complex for permanent supportive housing and 12 units for MHSA. This building will open in August 2011. The building is owned by Community Housing Partnership.

MHSA tenants are referred through MHSA full partnerships. MOH and DPH have a referral mechanism called the access pool for supportive housing rather than the waiting list system. Case managers and social workers can make supportive housing referrals. The referrals are almost like housing triage: 'who is most vulnerable and what do they need?'

Thank you for your attention."

Ms. Fuller: "Are the units only for one person per unit?"

Mr. Trotz: "These units are designed for a single person, but we have couples in these single person units. However, these units are not designed as family housing units."

Mr. Ellis: "How do you determine eligibility?"

Mr. Trotz: "Not everyone has the wherewithal or knowledge to get on a sign up list which is commonly seen in the housing authority where a waiting list is often used. We have gone to referrals by social workers and case managers who put people in the housing access pool. We use triaging to place people in need for housing. We have another 500 people in the pipe line

Mr. Ellis: "What would you like the MHB to do?"

Mr. Trotz: "We need advocacy and lobbying with the Board of Supervisors (BOS) on a regular basis. I would like to suggest the MHB ask for a permanent line item like keeping 1000 supportive housing units with a certain pledge of funding from the BOS."

Ms. Wright: "What do you have for senior housing?"

Mr. Trotz: "Located along the Third Street light rail line is Armstrong Place Senior Housing that gears toward 62 years or older adults. There are about 150 seniors there with 23 from our Direct Access program.



David Baker and his partner architect including the collaboration with BRIDGE Housing designed Armstrong Place Senior Housing”

Ms. Fuller: “What are the turnover rate and the unmet need?”

Mr. Trotz: “About 10% of the people. Regarding unmet demand, maybe it is 10,000. But only 5,000 units are created by City agencies and Community Base Organizations (CBO’s).”

Ms. Lisa Williams: “What challenges are coming up?”

Mr. Trotz: “Our challenges are doing mostly projects based on housing and limited supply of units available in buildings for our clients.”

The other issue is scattered-site housing. The Laguna Honda Hospital Rental Subsidy Program has agreed to place 500 people in scattered-site housing units per year for the next five years.

We try to engage with Westbay Housing for scattered site housing. There seems to be a strong network of scattered site housing. We have a few units in Forest Hill, Fox Plaza and 4<sup>th</sup> Street buildings.

### **3.2. Public comment**

Mr. Vinh: He is worried that Governor Jerry Brown who was newly elected last year will cut housing subsidies for people on SSI and for people in recovery from psychiatric episodes.

Mr. Dorsey: He mentioned that he has been helping pick up 170 seniors who do not have housing.

Mr. Lewis: He is with the Community Housing Partnership. He is both a resident and a board director on four new housing projects, where one of the four buildings includes the building on the Transbay terminal. He expressed concerned that there are no new projects in the pipeline after these four buildings are developed, because there will be a shortage of supportive housing.

Public member: She raised the issue of cutting contributions to SSI. She expressed that the cutting is scary for people who have been stabilized by SSI.

Mr. Wise: He wondered how an average consumer learns about available supportive housing or for social workers to know about newly available supportive housing units.

Mr. Trotz: “There is no one single place to get on a housing list, since it is very hard to keep such list updated in real time. The Mayor’s Office does put out a list. Another way is contacting our office’s Access Coordinator.”

### **ITEM 4.0 ACTION ITEMS**

*All action items were tabled until the February 9, 2011 meeting because there was no quorum.*

For discussion and action

Ms. Arguelles: “Because we do not have quorum for this meeting, the proposed resolutions will be tabled until the February meeting.”

#### **4.1 Public Comment.**

No public comments.

#### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of November 10, 2010 be approved as submitted.

**4.2 b PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of December 4, 2010 be approved as submitted

### **ITEM 5.0 REPORTS**

#### **5.1 Report from the Executive Director of the Mental Health Board.**

Ms. Brooke: "In front of you are three newspaper articles on recent police shootings involving people with psychiatric episodes.

- Cops To Study Ways To Handle The Mentally Ill by Kate Worth from the San Francisco Examiner January 8, 2011  
<http://www.sfexaminer.com/local/2011/01/cops-study-ways-handle-mentally-ill>
- Gascón Faulted For Ending Training Of Officers by Justin Berton from the San Francisco Chronicle January 8, 2011  
[http://articles.sfgate.com/2011-01-08/news/27017357\\_1\\_training-officers-police-officers-crisis-training](http://articles.sfgate.com/2011-01-08/news/27017357_1_training-officers-police-officers-crisis-training)
- Advocates Say SF Police Unprepared For Crisis Calls by Shoshanna Walter from the Bay Citizen January 10, 2011  
<http://www.baycitizen.org/policing/story/advocates-say-sf-police-unprepared-calls/>

Also, on Monday January 17, 2011 is the march starting in front of our building where the January 4<sup>th</sup> 2011 police shooting involving a wheel-chair client of CBHS took place and ending at City Hall. The march is organized by Ms. Meshá Mongé-Irizarry, the Coalition of Homelessness and Mental Health Association of San Francisco."

#### **5.2 Report of the Chair of the Board and the Executive Committee.**

Ms. Arguelles: "Mr. Keys is still resting from the election and hopefully he will be attending the next meeting."

#### **5.3. Report from the Nominating Committee Chair, Lisa Williams.**

Mr. Lisa Williams: "Elections for new officers of the Mental Health Board are held every other year at the February meeting, during an odd year. The Nominating Committee consisting of myself as Chair, Mr. Keys, Mr. McGhee, and Ms. Wright, met in December to suggest nominations. The committee nominated Lara Arguelles for Chair, Lynn Fuller for Vice Chair, and Ellis Joseph for Secretary. , The election will be held at the February meeting. At that time, nominations can also be taken from the floor."

#### **5.4 Report by members of the Board on their activities on behalf of the Board.**

Ms. Lisa Williams: "I did outreach with several newly elected San Francisco supervisors.

**5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

Ms. Lisa Williams: "I would like to invite the newly elected supervisors to our meeting soon.

Ms. Fuller: "I suggest we have a line item on our agenda to include all BOS to our meeting where we can educate them about mental health issues.

**5.5 Public comment**

No public comments.

**ITEM 6.0 PUBLIC COMMENT**

No public comments.

**Adjournment**

Meeting adjourned at 8:35 PM.

*Ms. Maria Iyog-O'Malley presentation.*

Mental Health Services Act (MHSA)  
*5 Year Report on Full Service Partnerships*  
*(FSPs)*



# THANK YOU

- MHSA Clients

- Contracted Program Staff

- SF DPH Staff:

Alice Gleghorn

Maria Iyog-O'Malley

Steve Solnit

Anna de la Paz

Kevin Ledbetter

Sherri Little

Eric Whitney

Deborah Sherwood

Maria X Martinez

Tom Bleecker

Ed Alvarez

Kathleen Wallace

Ann Santos

Harriett Lem



# Mental Health Services Act (MHSA)

- MHSA = Prop 63 enacted into law in 2005
- Designed to
  - Transform Mental Health care system
  - Redefine the experience of MH consumers
- Based on guiding principles of client-centered recovery, cultural competence, integrated services
- Funding: 1% tax on CA residents w/ incomes >\$1 million/year
- Monies are allocated to each county from DMH
- Outcomes tracking required! (DCR)



# What is an FSP?

- Full Service Partnership programs for clients w/ SMI (CYF-2, TAY-2, Adult-4 and Older Adult-1)
- Wraparound services (MH treatment, housing, conx to financial and vocational support, etc.), with Flex Funds and a “*whatever it takes*” approach
- Strengths based, client-centered
- Clients = Partners, Enrollment = Length of stay in Partnership
- Assessment data is outcomes oriented and based on client functioning – in the “DCR”

## DCR Partnership Report

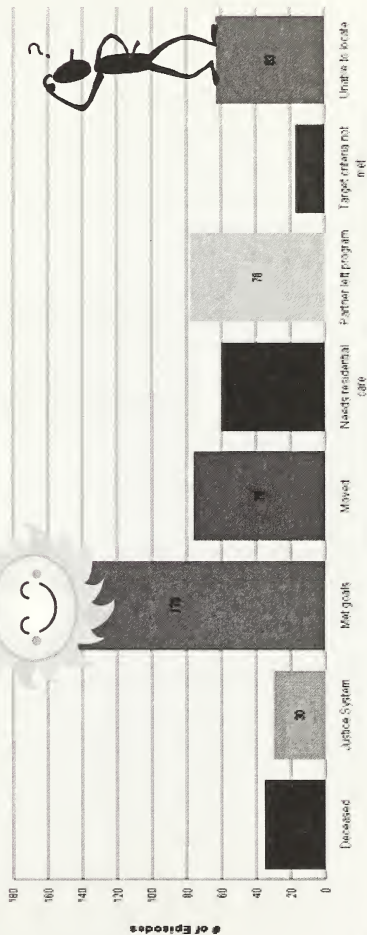
### Length of Partnership

Time In Partnership	Active Clients	Inactive Clients	All Clients	% of Total
< 90 days	35	42	77	8.1%
>= 90 days and < 1 year	128	239	367	38.8%
>= 1 year and < 2 years	109	140	249	26.3%
>= 2 years and < 3 years	152	39	191	20.2%
>= 3 years and < 4 years	57	6	63	6.7%
<b>Total Unduplicated Clients:</b>	<b>481</b>	<b>468</b>	<b>947</b>	
<b>Average Years In Partnership:</b>	<b>1.6</b>	<b>1.0</b>	<b>1.3</b>	

*Why do clients leave the FSP program?*

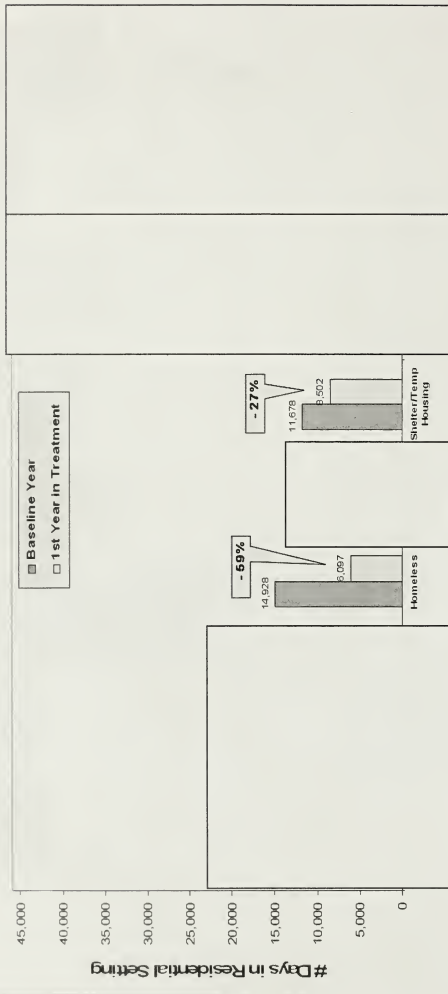
## Reason for Discontinuation of Partnership

Reason	# of Episodes	% of Total
Deceased	35	6.6%
Justice System	30	5.6%
Met goals	173	32.6%
Moved	76	14.3%
Needs residential care	59	11.1%
Partner left program	78	14.7%
Target criteria not met	17	3.2%
Unable to locate	63	11.9%
<b>Total</b>	<b>531</b>	



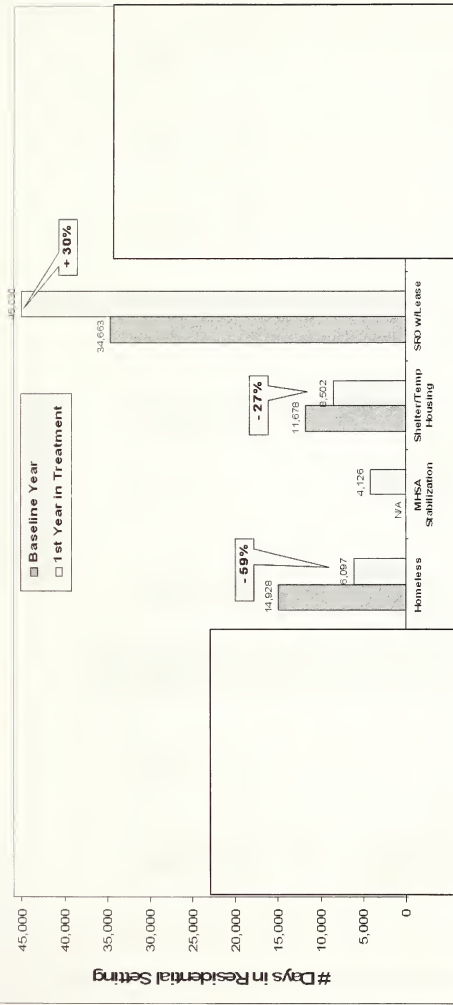
# RESIDENTIAL SETTINGS for ADULT Clients

Baseline Year vs. First Year in Full Service Partnership (FSP)  
(n=261, as of July 2010)



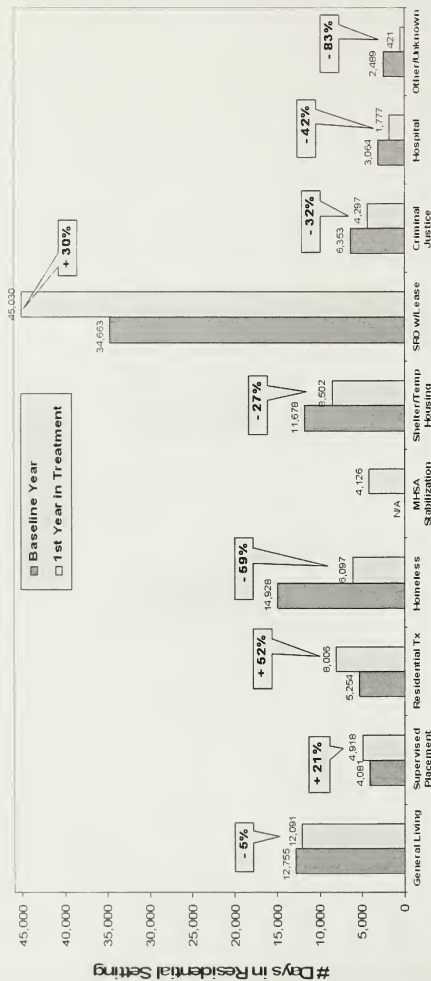
# RESIDENTIAL SETTINGS for ADULT Clients

Baseline Year vs. First Year in Full Service Partnership (FSP)  
(n=261, as of July 2010)



# RESIDENTIAL SETTINGS for ADULT Clients

## Baseline Year vs. First Year in Full Service Partnership (FSP) (n=261, as of July 2010)

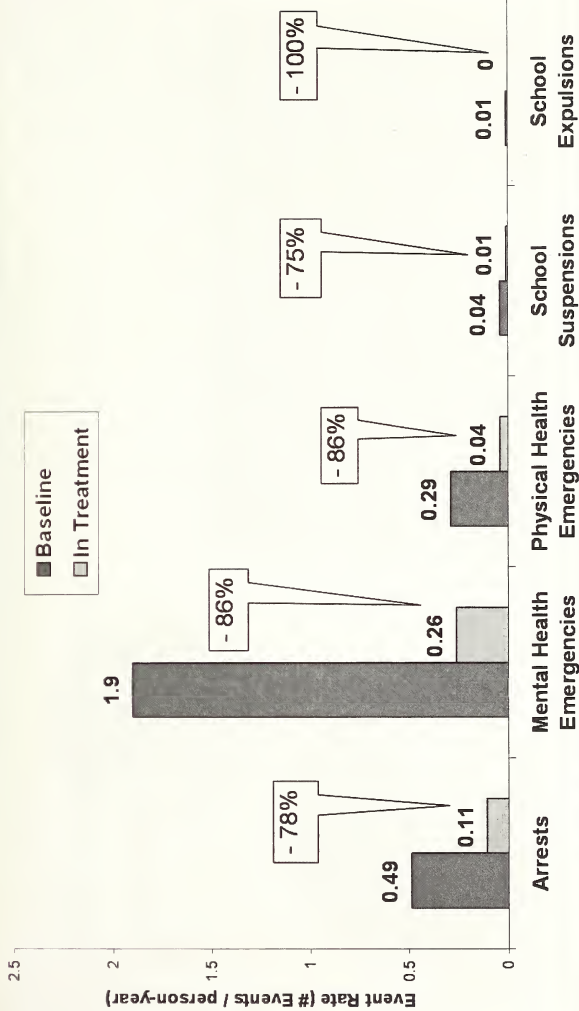




# EMERGENCY EVENTS for TAY Clients

Baseline Year vs. Full Service Partnership (FSP)

(n=102, 2007-2010)



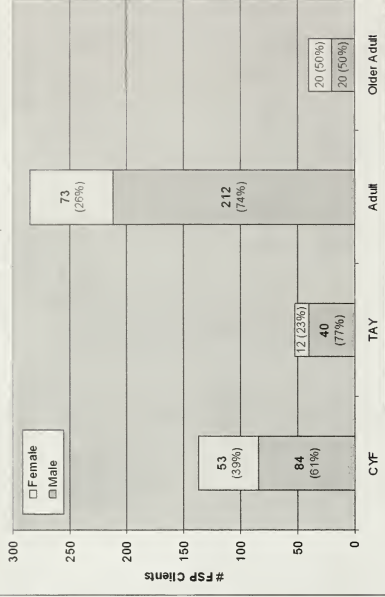
*Is it real, or are follow-up (Key) Events missing in the DCR?*

# Demographics of FSPs

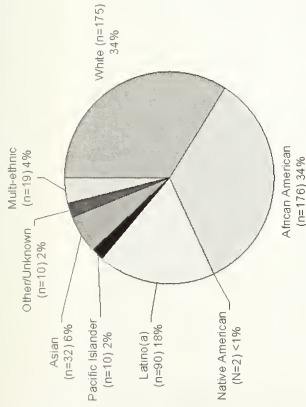
Gender of Current FSP Clients, n=514



Gender by Age Group,  
Current FSP Clients, n=514



- Mostly male (69%)
- Mostly Adult (55%) and Children/Families (27%)



\*Self-Report, Multiple Answers Allowed

**ETHNICITY**

**What does this mean?**  
Af-Am's are served at a rate higher than their population (34% vs. 7%)

Asians are served at a rate much lower rate (8% vs. 38%)

**SF has an initiative to address African-American health disparities**

	San Francisco*	Medi-CAL	FSP Clients June 2010
African-American	7%	26%	34%
White/Caucasian	46%	30%	34%
Latino/Hispanic	14%	14%	18%
Asian + Pacific Islander	32%	21%	8%
Other, Unknown, Mixed	3%	9%	6%

# Primary Diagnoses of FSPs

*NOTE: Violence and Trauma underlie many of these disorders*

## **TAY, ADULT, OA:**

- 42-44% psychotic disorders
- 42-48% mood disorders

## **Children:**

- 42% childhood disorders
  - Conduct, Oppositional, Disruptive Disorders, ADD/ADHD and other Childhood Disorders
- 32% mood disorders
- 21% anxiety disorders

# YTD Budget and Expense

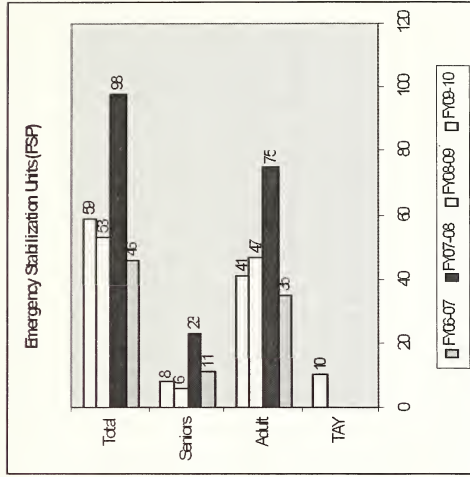
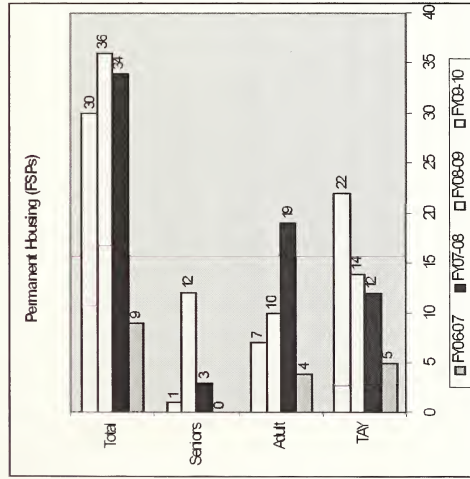
MHSA Components	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	Total Revenues	Total Expenses	Balance
Planning	207,487						207,487	207,487	-
Community Services & Supports		5,332,900	5,386,299	7,995,700	11,570,900	16,467,000	46,752,799	37,423,492	9,329,307
Prevention & Early Intervention				2,269,600	4,570,600	6,483,800	13,324,000	4,262,048	9,061,952
Workforce Education & Training			1,923,400	2,026,590			3,949,990	755,574	3,194,416
Capital Facilities				3,156,550	991,800		4,148,350	556,915	3,591,435
Technological Needs				3,156,550	991,800		4,148,350	-	4,148,350
Innovation					1,313,800	1,313,800	2,627,600	31,141	2,596,459
Housing				9,877,600			9,877,600	1,000,000	8,877,600
TOTAL REVENUES	207,487	5,332,900	7,309,699	28,482,590	19,438,900	24,264,600	85,036,176	44,236,657	40,799,519

# Budget Projections

MHSA Revenue Projections  
(in millions)

	In Millions				
	FY09-10	FY10-11	FY11-12	FY12-13	FY13-14
State Revenues					
Planning					
CSS	900.0	783.6	741.0	587.1	743.1
PEI	330.0	216.2	185.2	146.7	185.7
Innovation	71.0	119.6	48.7	38.6	48.9
<b>Total State Revenues</b>	<b>1,301.0</b>	<b>1,119.4</b>	<b>974.9</b>	<b>772.4</b>	<b>977.7</b>
<b>% Change</b>	<b>42%</b>	<b>-14%</b>	<b>-13%</b>	<b>-21%</b>	<b>27%</b>
SF County Allocation					
Planning					
CSS	16.5	14.3	13.6	10.8	12.49
PEI	7.4	4.2	3.6	2.9	3.67
Innovation	1.3	2.2	0.9	0.7	0.8
<b>Total SF County</b>	<b>25.1</b>	<b>20.7</b>	<b>18.1</b>	<b>14.3</b>	<b>17.0</b>
<b>% Change</b>	<b>37%</b>	<b>-18%</b>	<b>-13%</b>	<b>-21%</b>	<b>18%</b>

# Housing Utilization



# Other report topics

- Substance Use among FSP clients
- Description of the DCR
- MORS scores for recovery
- Summary of FSP Implementation
- Client vignettes
- A look into Polk Senior Housing



# **HIGHLIGHTS**

- San Francisco is in the forefront of California counties using DCR-based reports to improve FSP services.
- Client Outcomes are improving
- Some clients are achieving “advanced recovery”, and may be ready to step down
- Residents at Polk Senior Housing feel “safe” and are connecting to high quality services available on-site.
- Consumer and family member employment has increased system wide.
- Inter-agency collaboration has improved.

# Lessons Learned

- **DCR Data Access:** Accessing the FSP data through the DCR system demands significant resources (tech savvy and time).
- **MHSA funding has its limitations.**
  - Well-conceived efforts but poor coordination of care can create confusion about the roles and responsibilities of the care providers;
  - Resulting tensions can be a barrier to clients' wellness and recovery.
- **Advanced Recovery:** it's time to outline a protocol for "stepping down" services or graduating recovering clients, so we can open up FSP slots to new clients with greater and more urgent need.
- **Peer Employment:** Efforts to include consumers and family members in all facets of implementation brought some unexpected challenges and benefits.
- **Cultural Competence:** FSP programs have linguistic reach but the programs may not have the capacity to serve their own clients' diverse cultural and linguistic backgrounds.

# NEXT STEPS



- Analyze changing FSP Partnership status
- Improve Key Events log (follow-up data) in the DCR
- How do FSPs treat Substance Use problems?
- FSP Outcomes over time: Year 1, Year 2, Year 3
- DCR  $\leftrightarrow$  San Francisco's other data systems (such as High Users, PES, Death Registry, HOT, etc.)
- Complete evaluation of MHSA Housing
- Continue to develop IFSOs, a continuum of care system in SF; scaling up MHSA principles and practices system-wide.

# On the web at....

- Community Behavioral Health Services >
- Mental Health Services Act (Proposition 63)
- Community Services and Supports >
- Reports >

[in scroll box]

*MHSA 5 Year Report on Full Service Partnerships*

- [http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/SFMHSA\\_5YearRpt\\_2010.pdf](http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/SFMHSA_5YearRpt_2010.pdf)

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**Lead MHSA Epi-Evaluator**  
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**415-255-3696**



## SAN FRANCISCO MENTAL HEALTH BOARD

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[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)

### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, February 9, 2011

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

6:30 – 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

#### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

#### Item 3.0 PRESENTATION: WOMEN VETERANS MENTAL HEALTH NEEDS AND ISSUES, ELIZABETH BRETT, LCSW, SFVAMC

For discussion.

3.1 Presentation: Women Veterans Mental Health Needs and Issues, Elizabeth Brett, LCSW, SFVAMC

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### 3.2 Public comment

## **Item 4.0 ACTION ITEMS**

For discussion and action.

### 4.1 Public comment

### 4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of November 10, 2010 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board Retreat of December 4, 2010 be approved as submitted.

4.2 c PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board Meeting of January 12, 2011 be approved as submitted.

4.2 d PROPOSED RESOLUTION: Be it resolved that the Mental Health Board supports police crisis intervention training.

4.2 e PROPOSED RESOLUTION: Be it resolved that the Mental Health Board supports a 24/7 Mobile Crisis Treatment Team.

## **Item 5.0 ELECTION OF OFFICERS**

For discussion and action

### 5.1 Public Comment

### 5.2 Report from Nominating Committee

The Nominating Committee stated the nominees at the January 12, 2011 meeting as: Chair: Lara Arguelles; Vice Chair: Lynn Fuller; Secretary: Ellis Joseph and additional nominations can be made from the floor.

## **Item 6.0 REPORTS**

For discussion and possible action.

6.1 Report from the Executive Director of the Mental Health Board.

6.2 Report of the Chair of the Board and the Executive Committee.

6.3. Report from the Nominating Committee Chair, Lisa Williams

6.4 Report by members of the Board on their activities on behalf of the Board.

6.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

6.6 Public comment.

## **Item 7.0 PUBLIC COMMENT**

### **ADJOURNMENT**

#### **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

### **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

### **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics)



# SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom  
Mayor

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## **MENTAL HEALTH BOARD ATTACHMENT A February 9, 2011**

**RESOLUTION (MHB – 2011-1):** Be it Resolved that the Mental Health Board urges the Health Commission and the Board of Supervisors of San Francisco to fund a 24/7 Mobile Crisis Treatment Team.

WHEREAS, the Mobile Crisis Treatment Team, which is a program of Community Behavioral Health Services in the Department of Public Health, has exceeded all expectations since 1995 when it was founded, and;

WHEREAS, Mobile Crisis is a key element in the overall cost-effectiveness strategy of Community Behavioral Health Services, and;

WHEREAS, Mobile Crisis provides crisis intervention in such a way that it reduces the need for using the most expensive services, such as Psychiatric Emergency Services or the psychiatric inpatient wards at San Francisco General Hospital, and;

WHEREAS, Mobile Crisis is utilized by families of the seriously mentally ill, and is a service family members can call upon when they see a loved one showing the warning signs of distress or decompensation, and;

WHEREAS, the San Francisco Police Department is a strong supporter of Mobile Crisis, frequently calls upon Mobile Crisis, saving the police department significant costs in terms of officer time, and freeing up officers for doing other police duties, and;

WHEREAS, the Mental Health Board believes that Mobile Crisis staff should be available to respond to critical mental health incidents with or instead of police officers, and;

WHEREAS, in challenging financial times, it is more important than ever for the City to employ the most cost-effective strategies possible in delivering public health services,

BE IT RESOLVED, that the Mental Health Board recommends in the strongest possible terms to the Health Commission, the Board of Supervisors, and the Mayor, that the Mobile Crisis Treatment Team be funded at a level which allows it to operate 24 hours a day, seven days a week.



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## **MENTAL HEALTH BOARD ATTACHMENT B February 9, 2011**

**RESOLUTION (MHB – 2011-2):** Be it Resolved that the Mental Health Board supports Police Crisis Intervention Training.

WHEREAS, San Francisco has the highest 5150 rate of any county in California, and;  
WHEREAS, San Francisco Police Officers spend more of their shifts interacting with people with mental illness than any other county in California, and;  
WHEREAS, individuals with a mental illness and their families may be in a crisis for which they need to call for police assistance;  
WHEREAS, San Francisco has a high number of people with mental illness who are homeless, and therefore have a high likelihood of interactions with police officers, and;  
WHEREAS, the San Francisco Police Department has funded a 40 hour training four times a year since May 2001, which is a recommended model by the Police Officers of Standards and Training for providing training about mental health, and;  
WHEREAS, of the nearly 1,000 officers who have taken this training to date, 98% have stated that the training helps them with their daily interactions with people with mental illness, preventing situations from escalating or becoming a crisis, and;  
WHEREAS, Officers who received the training said they were better able to identify symptoms and behaviors and ask relevant questions. This resulted in a more accurate assessment of a mental illness and timely referral to the appropriate assistance, and;  
WHEREAS, Officers who received the training felt that they were also better able to provide mentally ill people with appropriate referral information as a result of the training, and;  
WHEREAS, Officers reported that their communication skills have improved as a result of the training. They feel they are able to keep a mentally ill person calm and the situation under control by talking and listening to the person, and;

**BE IT RESOLVED**, that the Mental Health Board recommends in the strongest possible terms to the Police Commission, the Board of Supervisors, and the Mayor, that the San Francisco Police Department reinstate the longstanding, successful 40 hour training that has been in effect since May 2001.



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## Unadopted Minutes

Mental Health Board

Wednesday, February 9, 2011

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Vice-Chair; Errol Wishom, Secretary; Lynn Fuller; Officer Kelly Dunn; Ellis Joseph; James L. McGhee; Alphonso Vinh; Lisa Williams; and Virginia Wright.

**BOARD MEMBERS ON LEAVE:**

**BOARD MEMBERS ABSENT:** Iviana Williams.

**OTHERS PRESENT:** Helynnna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); James Stillwell, Associate Director of Community Behavioral Health Services (CBHS); David Elliott Lewis; and three other members of the public.

## CALL TO ORDER

The meeting was called to order at 6:32 PM.

## ROLL CALL

Mr. Proffitt called the roll.

## AGENDA CHANGES

No changes

## ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Argüelles: "Jim Stillwell, Associate Director of Community Behavioral Health Services will give the Director's report, because Jo Robinson is presenting to the Police Commission upstairs."

*Please see the attached February 2011 Director's report.*

## Monthly Director's Report

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## **February 2011**

### **1. OSP eNews**

The California Office of Suicide Prevention (OSP) is pleased to present the second issue of the OSP eNews. This issue focuses on service members, veterans, and military families. The OSP eNews is a monthly newsletter to inform readers about local, state, and national suicide prevention efforts as well as emerging research on preventing suicide.

OSP hopes to start a dialogue through the eNews. Please feel free to provide us feedback, information you would like highlighted, and suggestions for future issues so we can ensure that the OSP eNews meets your needs and interests.

Issues of the OSP eNews are also posted on:

<http://www.dmh.ca.gov/PEIStatewideProjects/SuicidePrevention.asp> under "eNews Archives."

### **2. Black History Month-One Community, One Book**

For some time, DPH has been looking at health inequity as it relates to communities of color. The Department has done a comprehensive three-year analysis on health inequity issues experienced in three specific ethnic and cultural communities in the City and County of San Francisco. As a result of this analysis, SFDPH, Community Programs elected to address the health inequities and health disparities in the African American community. African Americans, while representing only 6.7% of the city and county population in 2010 (US Census), represented 35% – 40% of recipients of mental health, housing, HIV, and homeless services. DPH is looking at a multi-pronged approach to tackle this long standing issue.

In honor of Black History Month, CBHS is focused on increasing the awareness of historical trauma that the African American community has experienced. Through our partnership with Dr. Joy DeGruy we were introduced to the concept of Post Traumatic Slave Syndrome. Joy DeGruy, Ph.D. has over twenty years experience in the field of social work. She currently serves as an Assistant Professor of Research at Portland State University and is a member of the International faculty for London's Department of Health. For the month of February, we are asking all CBHS sites join in reading her book *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. CBHS has purchased a limited number of these books and have developed a study guide, please contact Edwin Batongbacal if you would like a book for your clinic. The OMI clinic read this book together as a clinic; we hope other programs will do the same.

### **3. Evidence Based Practices Award Presentation Summary**

The Community Behavioral Health Services' Child, Youth and Family Section Provider Meeting held on December 21, 2010 was a celebration of providers' efforts to implement empirically based practices (EBPs) during the past year. CBHS administrators presented certificates of recognition to provider agencies for their implementation of nine types of evidence-based practices. In addition, a special CBHS/CYF Service Effectiveness Award was given to a team of three clinicians whose clients showed remarkable positive changes on objective outcome measures.

**1. Second Step Program:** a research based violence prevention curriculum that emphasizes the development of social and emotional skills to help students succeed in school and life.

Recognized programs: RAMS, Chinatown Child Development Center, Edgewood Center for Children and Families, Instituto Familiar de la Raza, Oakes Children's Center, and Sunset Mental Health Center.

**2. Strengthening Families:** a SAMHSA Best Practice substance abuse prevention service

Recognized programs: Horizons Unlimited, OMI/Excelsior Beacon Center, NCADA-BA, Bayview Hunters Point Foundation, Community Youth Center, and Samoan Community Center.

**3. Multi-Systemic Therapy:** an evidence-based practice that provides intensive family and community based treatment for youth on probation

Recognized program: Multi-Systemic Therapy Program

**4. CAT and Inpatient CANS:** for exceptional program-wide compliance in providing pre- and post-outcome data on youth who receive crisis evaluations, psychiatric hospitalizations, and discharge planning services by utilizing the Crisis Assessment Tool (CAT) and the Inpatient Child and Adolescent Needs and Strengths (CANS) Assessment Tool

Recognized program: Comprehensive Child Crisis Services

**5. Traumatic-Focused CBT for Community Violence:** an evidence-based practice to meet the needs of youth who have been affected by community violence

Recognized programs: Center on Juvenile and Criminal Justice, Crisis Response Team, Comprehensive Child Crisis Services, Community Youth Center, Instituto Familiar de la Raza, Occupational Therapy Training Program, and YMCA Urban Services

**6. Brief Strategic Family Therapy:** an evidence-based practice for working with Hispanic families to prevent and treat child and adolescent behavior problems

Recognized programs: Mission Family Center, Southeast Child and Family Therapy Center

**7. Seeking Safety:** an evidence-based, manual-guided cognitive behavioral therapy for co-occurring PTSD and substance abuse issues

Recognized program: RAMS Wellness Behavioral Health Services Program in high schools

**8. Incredible Years:** an evidence-based parenting program

Recognized programs: Children's System of Care (CSOC), Chinatown Child Development Center, Oakes Children's Center, Southeast Child and Family Therapy Center

**9. Service Effectiveness Award:** This special award reflects both commitment to evidence-based practice and the achievement of significant client outcome. This award was given to three individual clinicians who were members of the Southeast Child and Family Therapy Center/Children's System of Care Incredible Years Team: **Ines Ascencio** (SECFTC), **Gilma Cruz** (CSOC) and **Victoria Mycue** (SECTFC). Their work was laudable for their commitment to the conducting of Incredible Years parenting groups in Spanish as well as the achievement of the best outcomes in a parent training group.

**10. CANS Compliance Awards:** agencies which had exceptionally high compliance rates on the Child and Adolescent Needs and Strengths (CANS) tool

Recognized programs in order of compliance (top 12):

- i. Seneca
- ii. Alternative Family Services
- iii. CYO/St. Vincent's
- iv. YMCA Urban Services
- v. McAuley Day Treatment
- vi. UCSF (Child and Adolescent Services, CASARC, Infant Parent Program)
- vii. A Better Way
- viii. Multi-Systemic Therapy
- ix. Mission Family Center
- x. (tie) Edgewood and RAMS
- xi. Chinatown Child Development Center
- xii. Southeast Child and Family Therapy Center

#### **4. Upcoming Training**

##### **UNDERSTANDING OUR MISSION: UNDERSTANDING OUR CLIENTS**

Friday, February 25, 2011

1:00pm-5:00pm

St. Mary's Cathedral Conference Center

Presented by: Patt Denning, PhD

Description:

While there are some differences between a recovery model and harm reduction, these models share more important similarities. Client self-determination, competence, and progress towards greater health are components of both, as is working with families and friends of the person struggling with substance abuse and emotional difficulties. This training will help participants re-define both recovery and harm reduction and will use cases to formulate their work.

**For more information regarding these trainings, please contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)**

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mental/11th/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)



Ms. Fuller: “Can you comment on Governor Jerry Brown’s proposed budgets?”

Mr. Stillwell: “It is very hard to say in real time, since there are so many moment-to-moment changes. Everyone was excited about the Mental Health Service Act (MHSA) Act, which is an important source of revenue supporting community programs and services. But now many of the programs and services are experiencing squeezes due to the weak economy in California. Governor Brown has been making tough choices on how to allocate scarce resources fairly. We will keep the board informed of any major changes.”

### **1.2 Public Comment**

No public comments.

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates:**

Ms. Argüelles: “We had an extensive update at the January Board meeting so there will not be an update this evening.”

### **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATIONS: WOMEN VETERANS MENTAL HEALTH NEEDS AND ISSUES, ELIZABETH BRETT, LCSW, SFVAMC**

Ms. Argüelles: “I am pleased to introduce Elizabeth Brett, who works for the Veteran’s Administration and specifically with women. Ms. Brett formerly worked for Citywide Case Management in San Francisco and was one of the founders of the Gender Appropriate Behavioral Health Services, GABHS for Gals group led by Sarah Accomazzo.”

### **3.1. Presentation: Women Veterans Mental Health Needs and Issues, Elizabeth Brett, LCSW, SFVAMC**

Ms. Brett “I am a Veteran Justice Outreach Specialist in the Veterans Justice Outreach (VJO) program. This program was the result of a recently approved initiative that came out of Washington DC. I am at the San Francisco Veterans Affairs (VA) Medical Center Downtown clinic.

First, there are many veterans who are homeless or at-risk to be homeless soon, and women veterans make up about 5% of homeless veterans.

There are also many veterans in the criminal justice system. VA representatives like me are reaching out to criminal justice-involved veterans to connect them to primary care, mental health care, and substance abuse services, including assistance to various social services. For women veterans, additionally, the VA offers OB/GYN and maternal care too.

I am specializing in doing outreach to women veterans who have been incarcerated or who have been charged with a crime. Licensed Clinical Social Workers (LCSW) are staffed at the Women’s

Clinic to handle issues such as homelessness, personal finances, substance abuse, or psychiatric concerns.

In the United States military system, women compose 20% of new recruits, 15% are on active duty, and 17% are on reserve. 12% of women are participating in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF).

I want to draw your attention to the OEF/OIF women veterans who are much younger. Of 44% of OEF/OIF women veterans who have enrolled in VA healthcare, 77.6% of them are under 40 years old and 46.1% are between 16-29 years old.

Compared to male veterans, women veterans are more likely to have generalized anxiety-depression disorder. More so than male veterans, women veterans are under tremendous pressure to maintain the required weight limits set by the military system. Weight enforcement puts most women veterans at risk for eating disorders. Suicide hotlines receive about 25% calls from women veterans. Women veterans often have poorer general health, and they tend to function at a lower level.

Often women veterans are under-diagnosed or misdiagnosed for their illnesses. For example, they are under-diagnosed for ethanol alcohol (EtOH) and substance abuse. Rather than being diagnosed with post traumatic stress disorder (PTSD), they are often misdiagnosed with anxiety-depression disorder.

Women veterans are more likely have experienced traumas. Over 50% of women veterans have experienced physical or/and sexual assaults. Compared to civilian females, women veterans are disproportionately victimized by the military culture. Military women are often oppressed by mistreatment or experience adverse repercussions if they try to assert their rights by reporting their perpetrators. For most of these women escape is never a viable option, and many feel a sense of betrayal by their comrades!

Women veterans more often than not carry a heavier burden for their family wellbeing. Women veterans are more likely to be under-25 years old and be single mothers as well. During deployment, all are contractually obligated to military service. The military culture puts a heavy toll on their marriages, and family violence is much more common."

Mr. Joseph: "How do you handle various veteran classification discharges (VCD)?"

Ms. Brett "Eligibility requires veterans to have an honorable discharge or other than honorable (OTH)." For eligible veterans, the VA offer lots of assistance: showers and laundry, emergency housing; employment services and VA benefit help. The San Francisco VA downtown clinic includes mental health services, social services and primary care. We do partnering with other agencies to coordinate wrap-around services too."

Mr. Joseph: "A lot of children from broken homes tend to gravitate toward military service, perhaps to escape civilian problems. Does the military still do psychological profiling for prescreening purposes before people are allowed to join the military?"

Ms. Brett: "I am not sure about pre-screening problem children for psychological profiling per se. But we do screening for PTSD, and other military traumas after they leave the service."

Ms. Argüelles: "Are there anything for families with service members?"

Ms. Brett: "Right now, we do not have services for families. We are currently working on child care. Eligibility for services is more focused on veterans only."

Ms. Lisa Williams: "Can you talk more about the structure?"

Ms. Brett: "The VA is more supportive of evidence-based practices. There is a PTSD outpatient treatment program in the Palo Alto VA facility. The system of care does have treatment for co-occurring disorders."

The Grant and Per Diem (GPD) Program is a collaboration with community treatment programs. GPD finances case management, transitional housing, education, crisis intervention and counseling."

Mr. McGhee: "What is the co-pay structure?"

Ms. Brett: "It is a sliding scale based on income levels. People are not turned away due to economic hardship. Just give us a chance to work with you!"

### **3.2. Public comment**

Mr. Lewis: First, he applauded Ms. Brett's dedication to care for veterans. His second comment was he believed the military does have psychological profiling during the initial induction or intake. He hopes Ms. Brett would have access to such information.

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of November 10, 2010 be approved as submitted.

Unanimously approved

**4.2 b PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of December 4, 2010 be approved as submitted.

Unanimously approved

**4.2 b PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of January 12, 2011 be approved as submitted.

Unanimously approved

**4.2 d PROPOSED RESOLUTION:** Be it resolved that the Mental Health Board supports police crisis intervention training.

**RESOLUTION (MHB – 2011-2):** Be it Resolved that the Mental Health Board supports Police Crisis Intervention Training.

WHEREAS, San Francisco has the highest number of individuals who are a danger to themselves or others or gravely disabled according to the California Welfare and Institutions Code, Section 5150, of any county in California; and,  
WHEREAS, San Francisco Police Officers spend more of their shifts interacting with people with mental illness than any other county in California; and,  
WHEREAS, individuals with a mental illness and their families may be in a crisis for which they need to call for police assistance; and,  
WHEREAS, San Francisco has a high number of people with mental illness who are homeless, and therefore have a high likelihood of interactions with police officers; and,  
WHEREAS, the San Francisco Police Department has funded a 40 hour training four times a year since May 2001, which is a recommended model by the Police Officers of Standards and Training for providing training about mental health; and,  
WHEREAS, of the nearly 1,000 officers who have taken this training to date, 98% have stated that the training helps them with their daily interactions with people with mental illness, preventing situations from escalating or becoming a crisis; and,  
WHEREAS, Officers who received the training said they were better able to identify symptoms and behaviors and ask relevant questions. This resulted in a more accurate assessment of a mental illness and timely referral to the appropriate assistance; and,  
WHEREAS, Officers who received the training felt that they were also better able to provide mentally ill people with appropriate referral information as a result of the training; and,  
WHEREAS, Officers reported that their communication skills have improved as a result of the training. They feel they are able to keep a mentally ill person calm and the situation under control by talking and listening to the person; and, now therefore,

**BE IT RESOLVED,** that the Mental Health Board recommends to the Police Commission, the Board of Supervisors, and the Mayor, that the San Francisco Police Department reinstate the longstanding, successful 40 hour training that has been in effect since May 2001.

Unanimously approved

**4.2 c PROPOSED RESOLUTION:** Be it resolved that the Mental Health Board supports a 24/7 Mobile Crisis Treatment Team.

**RESOLUTION (MHB – 2011-1):** Be it Resolved that the Mental Health Board urges the Health Commission and the Board of Supervisors of San Francisco to fund a 24/7 Mobile Crisis Treatment Team.

WHEREAS, the Mobile Crisis Treatment Team, which is a program of Community Behavioral Health Services in the Department of Public Health, has exceeded all expectations since 1995 when it was founded; and,  
WHEREAS, Mobile Crisis is a key element in the overall cost-effectiveness strategy of Community Behavioral Health Services; and,  
WHEREAS, Mobile Crisis provides crisis intervention in such a way that it reduces the need for using the most expensive services, such as Psychiatric Emergency Services or the psychiatric inpatient wards at San Francisco General Hospital; and,  
WHEREAS, Mobile Crisis is utilized by families of the seriously mentally ill, and is a service family members can call upon when they see a loved one showing the warning signs of distress or decompensation; and,  
WHEREAS, the San Francisco Police Department is a strong supporter of Mobile Crisis, frequently calls upon Mobile Crisis, saving the police department significant costs in terms of officer time, and freeing up officers for doing other police duties; and,  
WHEREAS, the Mental Health Board believes that Mobile Crisis staff should be available to respond to critical mental health incidents with or instead of police officers; and,  
WHEREAS, in challenging financial times, it is more important than ever for the City to employ the most cost-effective strategies possible in delivering public health services, and now therefore,

BE IT RESOLVED, that the Mental Health Board recommends to the Health Commission, the Board of Supervisors, and the Mayor, that the Mobile Crisis Treatment Team be funded at a level which allows it to operate 24 hours a day, seven days a week.

Unanimously approved

## **ITEM 5.0 ELECTION OF OFFICERS**

### **5.1 Public comment**

No comments

### **5.2 Report from Nominating Committee**

Ms. Argüelles: "Elections for new officers of the Mental Health Board are held every other year at the February meeting, during an odd year. The Nominating Committee consisted of myself, Mr. Keys, Mr. McGhee, Ms. Wright, and was chaired by Ms. Lisa Williams. The nominations were stated at the January meeting. They are myself, Lara Argüelles for Chair, Lynn Fuller for Vice Chair and Ellis Joseph for Secretary. Since I am running for office I am going to request that Mr. Williams facilitate the voting process."

Ms. Lisa Williams: "The Nominating Committee stated the nominees at the January 12, 2011 meeting as: Chair: Lara Argüelles; Vice Chair: Lynn Fuller; Secretary: Ellis Joseph and additional nominations can be made from the floor."

The board unanimously voted for the following officers: Ms. Argüelles as Chair, Ms. Fuller as Vice Chair; and Mr. Joseph as Secretary.

## **ITEM 6.0 REPORTS**

### **6.1 Report from the Executive Director of the Mental Health Board.**

Ms. Argüelles: "Mr. Proffitt will give the report for the Executive Director since Ms. Brooke is upstairs presenting at the Police Commission."

Mr. Proffitt: "Ms. Brooke would like to inform the board about the following articles in the San Francisco Examiner and the San Francisco Chronicle and the NAMI walk."

- Police Who Shot Mentally Ill People Had Received Special Training by Brent Begin from the San Francisco Examiner, February 6, 2011.

*<http://www.sfxaminer.com/local/crime/2011/02/police-who-shot-mentally-ill-people-had-received-special-training>*

- SF Police To Review Procedures On Mentally Ill by John Wildermuth from the San Francisco Chronicle, February 9, 2011

*<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2011/02/09/BANA1HKJC5.DTL>*

- May 21, 2011 is the NAMI Walks starting at Lindley Meadow, Golden Gate Park and Check-In opens at 9:00 am.

### **6.2 Report of the Chair of the Board and the Executive Committee.**

Ms. Argüelles: No report.

### **6.3 Report from the Nominating Committee Chair, Lisa Williams.**

*Please see Item 5.2*

### **6.4 Report by members of the Board on their activities on behalf of the Board.**

Ms. Fuller: "I am still doing outreach with Supervisor Mark Farrell, and I am in his district. I hope he will attend a meeting of ours soon."

### **6.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

Ms. Argüelles: "I would like to invite the new San Francisco Police Department (SFPD) chief to our meeting."

### **5.6 Public comment**

No public comments.

## **ITEM 7.0 PUBLIC COMMENT**

No public comments.

### **Adjournment**

Meeting adjourned at 8:32 PM.







## SAN FRANCISCO MENTAL HEALTH BOARD

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### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, March 9, 2011  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
6:30 – 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

#### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: OVERVIEW OF HAIGHT ASHBURY FREE CLINIC'S INC. AND OSHUN PROGRAM FOR WOMEN, VITKA EISEN, CEO; BARBARA TURAN, OSHUN'S PROGRAM MANAGER; JEFF SCHINDLER, DEVELOPMENT OFFICER; AND JOHN A, DEDOMENICO, MS, MFT, CAAD, OUTPATIENT PROGRAM DIRECTOR

For discussion.

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3.1 Presentation: Overview of Haight Ashbury Free Clinic's Inc. and Oshun Program for women, Vitka Eisen, CEO; Barbara Turan, Oshun's Program Manager; Jeff Schindler, Development Officer; and John A, DeDomenico, MS, MFT, CAADE, Outpatient Program Director

3.2 Public comment

#### **Item 4.0 ACTION ITEMS**

For discussion and action.

4.1 Public comment

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 9, 2011 be approved as submitted.

#### **Item 5.0 REPORTS**

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

#### **Item 6.0 PUBLIC COMMENT**

#### **ADJOURNMENT**

## **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

## **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

## **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are

conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

#### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics)

# SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee  
Mayor

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## Unadopted Minutes

Mental Health Board

Wednesday, March 09, 2011

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Lynn Fuller, Vice-Chair; Ellis Joseph, Secretary; Officer Kelly Dunn; Alphonso Vinh; Lisa Williams; and Virginia Wright.

**BOARD MEMBERS ON LEAVE:**

**BOARD MEMBERS ABSENT:** James L. McGhee; Njoroge Tho-Biaz, M.A.; and Iviana Williams; Errol Wishom.

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Dr. Vitka Eisen, CEO of Haight Ashbury Free Clinics, Inc. (HAFCI) and Walden House; Barbara Turan, Director of Case Management Services; Jeff Schindler, Director of Community Relations; John A. DeDomenico, MS., MFT, CAADE, Director of Behavior Health Outpatient Services; Michael Wise, Pathway to Discovery; David Elliott Lewis, PhD.; April Martin Chartrand; Amy Weiss; April Beneracion, Supervisor Jane Kim's aide; and five other members of the public.

## CALL TO ORDER

The meeting was called to order at 6:32 PM.

## ROLL CALL

Ms Brooke called the roll.

## AGENDA CHANGES

No changes

## ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

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Ms. Robinson: “Dr. Robert Cabaj will leave the Department of Public Health in San Francisco to become a medical director in San Mateo in May 2011.

The 1115 Waiver also known as the Bridge to Reform allows San Francisco some financial flexibility. This waiver lets us apply federal dollars toward mental health care in hospitals. Starting in May, individuals with birthdays in May 2011 will get a healthcare card allowing them to choose a SF Plan or Blue Cross Anthem Plan. The San Francisco plan is not the same as the Healthy San Francisco healthcare program. The Bridge to Reform or 1115 waiver does not change mental healthcare for patients.

The current proposal for realignment by Governor Jerry Brown requires legislation to make constitution changes. I suggest you look over this constitutional amendment.

*Please see the attached March 2011 Director’s report.*

## **Monthly Director’s Report** **March 2011**

### **1. Mental Health Support and disasters – what do we do?**

Living in the Bay Area, it’s a matter of when, not if, an earthquake may affect us all. While CBHS staff will be asked to assist, clinical mental health training alone does not prepare one to respond to a major disaster. So CBHS will be providing trainings in two nationally accepted disaster response concepts to ensure CBHS staff are prepared. Disaster Mental Health, which provides the framework for how one responds to the psychological needs of people across the continuum of disaster preparedness, response and recovery, and Psychological First Aid which provides an evidence-informed approach to help children, adults and families in the immediate aftermath of a disaster, will both be offered later this year.

You may gain more information by going to the following websites:

For information about Psychological First Aid, visit the Department of Veterans Affairs, National Center for PTSD site:  
<http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp>

For general information about disaster mental health visit the Centers for Disease control and Prevention site:  
<http://www.bt.cdc.gov/mentalhealth/>

### **2. UN sounds alarm on alcohol abuse**

GENEVA – Alcohol abuse is killing 2.5 million people each year and governments must do more to prevent it, the World Health Organization said Friday. Some 4 percent of all deaths worldwide are attributable to alcohol, the U.N. body said. The main causes of alcohol-related deaths are injuries incurred when drunk, cancer, liver cirrhosis, heart disease and strokes.

Worldwide, over 6 percent of male deaths are related to alcohol, but only just over 1 percent of deaths in women. Almost one in 10 deaths among young people aged 15-to-29 is from alcohol-related causes.

The global body's report recommended that governments raise alcohol taxes, restrict sales, promote alcoholism prevention and treatment programs, and ban some alcohol advertising.

Shekhar Saxena, the director of WHO's mental health and substance abuse department, said the effects of alcohol use also differ in ethnic groups. Populations in Asia, for example, are more susceptible to throat cancer from alcohol abuse.

But he added "in WHO's perspective, no drinking is entirely safe."

### **3. Study: Prevalence of Behavioral Health Issues Varies Widely in Juvenile Justice**

Join Together Online Mar 07, 2011 09:04 AM CST by Benjamin Chambers

How many youth in the juvenile justice system have mental health or alcohol and drug disorders?

New research on nearly 10,000 youth in 18 states and over 50 jurisdictions suggests that the answer can vary a lot, depending on what part of the juvenile justice system you're talking about.

Jeffrey Butts, Ph.D., who directs the Research Evaluation Center at John Jay College of Criminal Justice in New York, drove this point home in a Feb. 16 post for the Reclaiming Futures blog, which I edit. Professionals often misinterpret past research, he wrote, and mistakenly cite a statistic that 70 percent of youth in the juvenile justice system have "diagnosable disorders."

In fact, he said, the real picture is more nuanced: mental health and alcohol and drug issues are "not the main reasons youth come into contact with the justice system, but both problems increase in prevalence as youth are processed more deeply into the system."

To make his point, he drew on work published in December 2010 by Gail Wasserman, a professor at Columbia University and director of the Center for the Promotion of Mental Health in Juvenile Justice, and her colleagues.

The drawback to previous research on the topic, Butts said, was that it usually sampled youth at only one part of the justice system, such as detention. In contrast, Wasserman and her colleagues studied youth at different points in the juvenile justice system -- at intake, in detention, and in secure placements after they'd been adjudicated -- in an effort to obtain what the study abstract described as "generalizable estimates of psychiatric disorder and suicidality among justice system youth."

In addition to finding that those estimates varied by where youth were in the system, Wasserman's team also found that they varied by ethnicity, gender, and race. American Indian youth, for example, were twice as likely as white youth to have an alcohol and drug disorder. Furthermore, "[w]hite youth, repeat offenders, and those with further justice system penetration

reported higher rates of most disorders," and girls had significantly higher rates of anxiety, depression, and reported suicide attempts when compared with boys.

The study, "Psychiatric Disorder, Comorbidity, and Suicidal Behavior in Juvenile Justice Youth," appeared in the December 2010 issue of Criminal Justice and Behavior.

#### **4. External Quality Review Organization (EQRO)**

CBHS has successfully completed our External Quality Review that took place over the course of three days (March 1 - 3)! Due to stellar performance last year, this year's review was a Desktop review. Every year, the State of California Department of Mental Health contracts with an External Quality Review Organization (EQRO) to review our initiatives, evaluate progress in our annual Quality Improvement Work Plan and ongoing Performance Improvement Projects, and assess our ability to measure clinical outcomes and provide feedback to providers.

Thank you to all of the providers who participated through attending the Contract Provider Conference Call or who arranged for Consumers to attend various focus groups. Special thanks to Manuel Mena, LCSW from Mission Mental Health Services and Maryanne Mock, LCSW from Southeast Child and Family Therapy Center for providing the venues for the Consumer Focus Groups!

EQRO will a formal written report of their findings, however they had the following summary comments. CBHS was acknowledged for outstanding service delivery in that SF provides more services per client when compared to other large counties. CBHS also received high marks on our sophisticated use of data in decision making. They recognized the challenges of converting to a new electronic documentation system and suggested a gradual implementation of any changes in Phase II.

EQRO was particularly impressed with the Antipsychotic Polypharmacy PIP (Performance Improvement Project) spearheaded by Gloria Wilder, PharmD and the CBHS Pharmacy Staff. The success of this PIP was largely due to their leadership and the input and active participation of all of the Medical Directors and Prescribers. We achieved a 21% reduction in the clients treated with multiple antipsychotics with no measured increase in utilization of crisis services or symptom severity. Many thanks to the CBHS Pharmacy, Medical Directors, and all Prescribers for making this a huge success!

#### **5. Marijuana Linked With Testicular Cancer**

Research Findings Vol. 23, No. 3 (December 2010)

Men who use marijuana may increase their risk for developing testicular cancer. A recent study of several hundred Washington State men with testicular cancer showed an association between current marijuana use and the more aggressive of the two types of the disease. Moreover, the association was strongest among men with a long history of regular marijuana use.

To firmly link marijuana use and the cancer, however, scientists will need to replicate the findings among large groups of men across many geographical regions and identify the underlying biological mechanisms. The research team interviewed 369 men who were diagnosed with testicular cancer between 1999 and 2006 and 979 men who never had the disease.



Approximately 70 percent of each group reported smoking marijuana at least once. The researchers found that the odds of having testicular cancer were 70 percent higher among men who reported current marijuana use compared with nonusers. In addition, the researchers observed 80 percent higher odds of testicular cancer among men who started to use marijuana before age 18 compared with nonusers. They also found that the odds for testicular cancer among men who used marijuana at least weekly were twice that of nonusers.

NIDA Notes Vol 23 No 3 [http://www.drugabuse.gov/NIDA\\_notes/NNvol23N3/Marijuana.html](http://www.drugabuse.gov/NIDA_notes/NNvol23N3/Marijuana.html)

**6. California's Medicaid Section 1115 Waiver "Bridge to Reform" and Impact on the San Francisco Department of Public Health (SFDPH)**

See Attachment 1, Pages 5-11

**7. Mental Health Realignment- Legislative Analyst's Office**

See Attachment 2, Pages 12-24

**8. AB 3632 Mental Health Services- Legislative Analyst's Office**

See Attachment 3, Pages 25-31

**9. Upcoming Training**

5150 TRAINING

Wednesday, March 30, 2011

9am - 12pm

St. Mary's Cathedral Conference Center

In order to be certified to use the 5150 authority, providers must complete this training. This includes completion of a post test. All DPH and contract licensed or licensed waived Mental Health providers are eligible. Program Directors must request for their staff (licensed or unlicensed) to participate in this training. Professional school interns are welcome to the training but will not be authorized to conduct 5150s. Providers in substance abuse, primary care or social service agencies must be a licensed mental health provider, e.g., LCSW, RN, MD, PhD, MFT. NOTE THAT THIS TRAINING IS FOR COMMUNITY PROVIDERS.

**For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)**

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## 1.2 Public Comment

Mr. David Lewis: Mr. Lewis mentioned that he has been a beneficiary of the Haight Ashbury Free Clinic Inc. (HAFCI) and was looking forward to tonight's presentation.

April Beneracion: Ms. April Beneracion introduced herself as an aide from the newly elected Supervisor Jane Kim. Supervisor Kim's office is interested in becoming more involved with the Mental Health Board of San Francisco and in learning more about community mental health programs and services.

## ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

### 2.1 Mental Health Services Act Updates:

Ms. Argüelles: "Ms. Robinson, are there any additional Mental Health Services Act (MHSA) updates not mentioned in your Director's report? We understand that Maria Iyog O'Malley, the Program Coordinator for the Mental Health Services Act programs, is leaving to go to the Airport. I would like Ms. Brooke to read the Commendation the board is giving her. We will miss her."

Ms. Robinson: "Maria Iyog-O'Malley just left MHSA to accept a position with the San Francisco Airport Agency and Marlo Simmons will be the MHSA Interim Coordinator."

Ms. Brooke: "The Mental Health Board of San Francisco commends and honors Maria Iyog-O'Malley

*For your outstanding leadership as the Mental Health Services Act (MHSA)*

*Program Coordinator for Community Behavioral Health Services (CBHS)*

*For your exceptional work in administering the rollout of all five components of MHSA, assuring that funding was used accurately and effectively to serve those living with serious mental illness*

*For being a pioneer in the employment of consumers within CBHS and always advocating for, and being an ally of consumer employees*

*For your commitment to the MHSA Mission*

*For your strong advocacy and compassion*

*For being a great mentor*

*For going the extra mile and more*

*For always making the time for others, making them feel important and ensuring they receive what they need*

*For your welcoming smile, your patience, your kindness, your intelligence, your compassion, your thoughtfulness, your sense of humor, and your creativity.*

*For being more than just a co-worker, but a true friend."*

### 2.2 Public comment

No public comments.

**ITEM 3.0 PRESENTATIONS: OVERVIEW OF HAIGHT ASHBURY FREE CLINICS INC. (HAFCI): DR. VITKA EISEN, CEO; BARBARA TURAN, LCSW, DIRECTOR OF CASE MANAGEMENT SERVICES; JEFF SCHINDLER, DIRECTOR OF COMMUNITY RELATIONS; AND JOHN DeDomenico, MS, MFT, CAADE, DIRECTOR OF BEHAVIOR HEALTH OUTPATIENT SERVICES.**

**3.1. Presentation: Overview of Haight Ashbury Free Clinics Inc.: Dr. Vitka Eisen, CEO; Barbara Turan, LCSW, Director of Case Management Services; Jeff Schindler, Director of Community Relations; and John DeDomenico, MS, MFT, CAADE, Director of Behavior Health Outpatient Services.**

**Ms. Argüelles:** “I am pleased to introduce our presenters from Haight Ashbury Free Clinics Inc.”

*Please see the attached HAFCI presentation at the end of the minutes.*

**Dr. Eisen:** “Thank you for inviting us here tonight. I became the interim CEO for Haight Ashbury Free Clinics in January 2011 and am also the CEO of Walden House, Inc. I am very familiar with both Haight Ashbury Free Clinics (called HAFCI) and Walden House, because I was a consumer of both organizations, receiving primary health care at HAFCI, and residential recovery treatment from Walden House.”

**Mr. DeDomenico:** “I’m going to briefly provide some mental health statistics. The client demographic break down is the following: 33% White; 21% Latino, 15% African descent; 13% decline to state. 96% of our clients are adults who are 20-64 years of age. Most of our clients live below the Federal Poverty Level, and 59% considered themselves homeless.

Our general mental health program has men, women and transgenders. Most of these clients have the following diagnosis: 31% major depression; 26% bipolar disorder, 13% schizophrenia, 10% schizoaffective and 10% post traumatic stress disorder. In 2010, at our clinics, 7,559 clients received primary care, 3992 clients were treated for mental health issues and 1362 clients participated in counseling.”

**Mr. Joseph:** “What is your clinical structure?”

**Mr. DeDomenico:** “Currently we offer behavioral health outpatient-treatment services and provide individual and group counseling. Clinicians are professional and licensed staff, and include Marriage and Family Therapists (MFTs), Licensed Clinical Social Workers (LCSWs), and supervised MFT interns. All mental health clients have access to a full menu of clinical care that includes primary medical care, substance abuse treatment, medication management, case management, and supportive services that include acupuncture and yoga.”

**Dr. Eisen:** “HAFCI is in the final stages of merger negotiations with Walden House. I am currently the CEO of both organizations, and we expect to have most of the administrative functions, like Information Technology (IT), Human Resources (HR), and Finance to be fully integrated in the next month. The services from both organizations fit together in a complementary manner, and will serve the clients who come to us in a more fully integrated way.

HAFCI does not offer residential treatment, and Walden House does. Walden House does not currently provide primary care, and of course HAFCI is known for their clinics.”

**Ms. Argüelles:** “I would like to introduce our next speaker Ms. Barbara Turan, who is the Director of Haight Ashbury’s Oshun Center for Women and Families.”

**Ms. Turan:** “We are located on 1735 Mission Street, with the front door to Oshun located on 13th Street.

Unlike shelters where women must meet certain compliances, Oshun has a low threshold for acceptance. Knocking on our door is just enough to get into the drop-in center. The center provides case management and referral services. There is a washer and dryer, new and warm clothing available, food, showers and a child activity room. 41% of the center’s clients are African descent and 24% are white. Oshun clients receive the same clinical care and supportive services as all HAFCI clients.”

**Ms. Fuller:** “What are the funding sources for Oshun?”

**Mr. Schindler:** “Oshun is funded entirely by the City’s Department of Public Health, Community Behavior Health Services. The operating budget for fiscal year 2010-2011 is \$778,749 and this includes both the Oshun Center and an Early Intervention program.”

**Ms. Turan:** “It is not uncommon for Oshun to receive women who have been discharged from hospitalization or the city’s emergency rooms. Discharge Planners and hospital social workers routinely use Oshun as the drop-off destination for patients leaving an acute environment. Many of the women who arrive need to be transported back to the hospital, as their medical issues are too severe for Oshun staff to treat.”

**Mr. Joseph:** “How big is your staff?”

**Ms. Turan:** “We have 10 staff on rotational basis.”

**Dr. Eisen:** “We also work with a staff of volunteers who work along side of our staff.”

**Mr. Joseph:** “Why are you merging with Walden House?”

**Dr. Eisen:** “There are many reasons to merge, and today with limited resources and governmental funding available, many nonprofits are looking to merge their services, so that one administration is providing the management of the organization.

It makes sense to have one CEO instead of two; one CFO instead of two, etc, and this also allows for funding to be directed to client services rather than the administrative infrastructure of the agency. The Walden House and Haight Ashbury merger is an example of complementary services coming together to provide a greater safety net for the vulnerable people who come to us for assistance. All services will be fully integrated and the cross-town run-around can be avoided. Through this merger, we are removing the obstacles that often create the barriers to treatment.”

**Ms. Turan:** “Just today we had a woman came in to the Oshun Drop-in Center, and she was referred to us from Walden House.”

**Ms. Robinson:** “This is what you will see with lots of community based organizations where they merge services and pool resources.”

**Ms. Fuller:** “Where did the name Oshun come from?”

**Mr. Schindler:** “Oshun is a name of an African goddess from the Yoruban Clan. She is known for healing the sick and bringing fertility and prosperity, and especially watches over the poor and brings them what they need.”

**Inspector Dunn:** “Is the average of 30 women a night sleeping sitting up?”

**Ms. Turan:** “That is an average per night but we can accommodate up to 45 women. The reason that women are in chairs and not in beds is that Oshun is not a shelter. Only a shelter is allowed to provide beds or mats for women to sleep on.

It is clearly not an ideal living arrangement to sleep in a seated position on a hard chair, but it is preferable to sleeping in the rain on the sidewalk.”

**Inspector Dunn:** “I recently saw a day treatment on Treasure Island.”

**Dr. Eisen:** “Walden House operates residential treatment on Treasure Island in gender-specific houses. Many of the clients on Treasure Island have co-occurring disorders – substance abuse and mental health issues.”

**Inspector Dunn:** “So the merger will give HAFCI access to residential treatment programs on Treasure Island?”

**Dr. Eisen:** “The merging of HAFCI with Walden House creates a synergy for a one-stop shopping for male and female clients to obtain primary care, substance abuse, mental health services, and residential treatments.

For the fiscal year 2010-2011, we are contractually obligated to provide 17,590 units of service (UOS) with 14,600 UOS from the Oshun drop-in Center and 2,990 UOS from Early Intervention and Outreach services.

Before the merger, each program lacked the resources that the other has. With the merger, there is a mutually beneficial relationship where each agency provides complementary services and where we attain both economy of scale and scope and where clients benefit from comprehensive services.”

### **3.2. Public comment**

Public member: She stated that she enjoyed the presentation, and was surprised to hear the number of homeless women in San Francisco.

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of February 09, 2011 be approved as submitted.

There was no quorum so the item was tabled until the next meeting.

## **ITEM 5.0 REPORTS**

### **5.1 Report from the Executive Director of the Mental Health Board.**

Ms. Argüelles: "Ms. Brooke will give the report."

Ms. Brooke: "I contacted the members of the Board of Supervisors and only three responded. Supervisor Weiner may come to the April 13th meeting. Supervisor Kim sent her aide tonight. Supervisor David Chiu called back, and his office has appointed lots of women to committees. I encourage all of the board members to call supervisors to encourage them to stop by our meetings."

### **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: "I want to thank you again for electing me Chair of the Mental Health Board. I look forward to working with you in this capacity and working with our Vice Chair, Lynn Fuller, and our Secretary, Ellis Joseph. In addition, the Executive Committee appointed Alphonse Vinh to the committee. If anyone else would like to be on this committee, please let me know. We received a lovely thank you note from Dr. Ramona Davis for the commendation certificate that the Mental Health Board gave her on February 18, 2011. Dr. Davis is the only Community Behavioral Health Services psychiatrist in the Bayview Hunter's Point. She has been with the Bayview Mental Health Clinic for 34 years and a psychiatrist for 60 years. She is well loved by her clients."

### **5.3 Report by members of the Board on their activities on behalf of the Board.**

Ms. Dunn: "I spoke with Supervisor Scott Wiener and was reappointed by him to a second term."

Ms. Williams "I met with Supervisor Malia Cohen."

### **5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

No new businesses.

### **5.5 Public comment**

**Ms. Chartrand:** Ms. April Chartrand is a former board member on the Mental Health Board and was on the board from 1997 to 2001. She reported the following issues to the board.

First, she suggested the board invite the San Francisco Therapy Collective on 470 Castro St, Suite 205, San Francisco -- (415) 659-8282 -- to do a future presentation. She pointed out that the collective is made up of former clinicians and interns from New Leaf, which abruptly closed its program in the fall of 2010 due to fiscal insolvency.

She wanted to shed some light on the terrible manner in which New Leaf was closed so abruptly which left a huge gap in patient services. She mentioned that New Leaf was a City supported clinic

that specialized in gay, lesbian, bisexual, transgender, questioning (GLBTQqi) and HIV and AIDS populations but was welcome to everyone. She really liked the quality of their clinicians. But, the transfer of Medicare and Medicaid patients to various clinics was disorganized and these patients experienced undue stress.

However, some patients were able to get transferred to the Lyon Martin Women's Clinic (women and transgender female to male and male to female) and a combination of the men and some women were transferred to the AIDS Health Project (AHP) on Market Street plus a few other clinics. She pointed out the following concerns.

Ms. Chartrand's first concern is that after only two to three months into the transfer and seeing clients, the clinical manager Lizette L. is leaving Lyon Martin at the end of March. The departure would add additional trauma to clients who will either have to start over with another clinician or seek other limited quality services at AHP, or another clinic that takes Medical-Medicare.

Ms Chartrand's second concern is that New Leaf was supposed to have all of the client's medical records transferred to Lyon Martin. Lizette L. informed me on 3/10/2011 that she never received the records.

Ms. Chartrand's third concern is that most private doctors will not take Medical/Medicare, therefore clients are limited in finding a doctor for immediate access and help.

Ms. Chartrand's fourth concern is that Lyon Martin might close. They are in fiscal difficulties. They just had a fundraiser at El Rio last month and did not raise all of their funding. She looked on their door and there is a sign that says it is a day to day existence as they look for complete funding. That puts clients in a bind. She was told that clients from Lyon Martin are now calling AHP and seeking mental health service providers that take Medical/Medicare that are more stable. However, without Lyon Martin many clients will lose the women focused health services.

Ms Chartrand's fifth concern is that most quality low cost or medical/medicare services are not accepting new clients and if they do, they have limited services and or will require a month or more for an interview intake date. She also asked the board to have a resolution for Lyon Martin to receive funding.

**Mr. Lewis:** He announced that MHSA is putting on a hoarding and cluttering conference tomorrow at St Mary Cathedral. He said to contact Michael Gauss 415-421-2926 for scholarship funding to attend the conference.

## **ITEM 6.0 PUBLIC COMMENT**

No public comments.

## **Adjournment**

Meeting adjourned at 8:05 PM.



*Presentation to the  
San Francisco Mental Health Board  
March 9, 2011*



# HAFCI History



## *1960's Cultural Revolution*

- Young people living in the streets and Golden Gate Park
- Drug experimentation leading to drug dependency
- Impaired mental health
- Needing primary medical care and mistrustful of tradition practitioners

# HAFCI History

*In 1967*

- Haight Ashbury Free Medical Clinic founded by Dr. David Smith and Dr. Skip Gay
- First free clinic in United States
- Original location at Haight and Clayton Street still in operation
- First week: 400 patients were seen



# HAFCI Mission

The mission of Haight Ashbury Free Clinics is improve the health and well-being of our clients by providing high-quality, comprehensive health care that is culturally sensitive, non-judgmental and accessible to all in need.

***“Health Care is a Right, Not a Privilege”***

*Since 1967*

# HAFCI *Today*

**Medical Clinics:** 2 Federally Qualified Health Centers (FQHC) providing primary medical services at 1735 Mission Street and 558 Clayton (at Haight Street)

**Behavioral Health:** Outpatient mental health services and Substance Abuse treatment , including case management and referrals, and specializing in clients with co-occurring disorders.

**Jail Psychiatric Services:** Mental health evaluation, assessment, and treatment to inmates, and discharge planning and aftercare services to parolees.

**Rock Medicine:** Medical triage and treatment services for major public events and concerts.

# HAFCI Today

“Any Door is the Right Door”  
philosophy provides access  
to:

- Primary Medical care
- Outpatient substance abuse treatment services
- Outpatient mental health services
- Case management and resource referral



# HAFCI Client Demographics

## Cultures/Ethnicities

White (non-Hispanic)	33%
Latino/a	21%
African American	15%
Bi-racial and multi-racial	8%
Asian/Pacific Islander	9%
Unknown/Decline to state	13%

## Gender

Males	61%
Female	39%

## Ages

15 – 19	2%
20 – 64:	96%
65 over:	2%

## Clients living at or below annual Federal Poverty Level

Under 100% (\$10,830)	48%
100 – 200% ( \$21,660)	21%

59% self report as Homeless



# *HAFCI 2010 Statistics*

- Number of clients receiving primary medical care : 7,559
- Number of treatment visits for Mental Health disorders: 3992
- Number of treatment visits for Counseling: 1362
- Client satisfaction surveys show XX% “extremely satisfied” with care.

# HAFCI Mental Health Program

- Haight Ashbury Free Clinics' Behavioral Health Program provides services to men, women and transgender adults who suffer from mental health issues and may include substance abuse.

*"This is the first time in 10 years that I don't have to worry about where I'm going to sleep tonight." (MH Client)*

*"You guys give more time to people who most wouldn't give them the time of day!" (MH Client)*



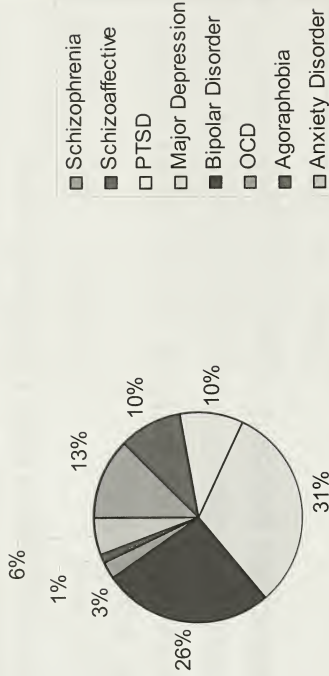
# HAFCI Mental Health Program

- HAFCI's Outpatient Behavioral Health Programs serve approximately 150 clients with Mental Health issues.  
*(\*This number does not include clients seen at our Oshun drop-in Center)*
- The five most common Axis I diagnosis are
  - Major Depression = 31%
  - Bipolar Disorder = 26%
  - Schizophrenia = 13%
  - Schizoaffective = 10%
  - PTSD = 10%

# HAFCI Mental Health Program

The following diagnoses were present in a sample of 79 active clients:

Percentage of mental health disorder



# HAFCI Mental Health Program

- Outpatient Behavioral Health Services offers group, individual, couples and family counseling services for these clients
- The delivery of these services is guided and supervised by a Licensed Marriage Family Therapist and Licensed Clinical Social Worker
- Client services are delivered by Licensed Marriage Family Therapist, registered MFT Interns, MFT trainees, and AOD registered and certified counselors

# ***HAFCI Mental Health Program***

HAFCI's 40 + years of Outpatient program experience guides the design and delivery of services. Its main tenets are:

1. Patients suffering from mental health and/or substance use disorders are the norm rather than the exception.
2. Recovery and stabilization from mental health or substance abuse issues is a long-term process of internal change.
3. Understanding and believing that internal changes are possible as clients proceed through various stages.

# ***HAFCI Mental Health Program***

- To help clients facilitate these changes, staff provides a compassionate, non-judgmental, harm-reduction, approach using a variety of proven practices
- Stages of Change and Motivational Interviewing techniques along with Cognitive Behavioral Therapy and group psychodynamic process are some examples

# ***HAFCI Mental Health Program***

- Our primary delivery of MH services is group therapy.
  - Women's MH & DDx Early Recovery Group
  - Women's MH Aftercare Group.
  - Men's MH & DDx Early Recovery Group.
  - Men's MH Aftercare Group.
  - Men's & Women's Dual Diagnosis Groups.
  - All MH Clients also have access to Acupuncture, Yoga and Meditation groups, Psycho-education and medication support groups

# MH Program in depth: *Oshun Center*



The Oshun Center is a Drop-in and Early Intervention Center that serves homeless, low-income women, transgender women, and families with children.

# **HAFCI Oshun Center**

- The only 24-Hour Drop-In Center for women and families with children in San Francisco; open 365 days each year
- Women-centric and Transgender-welcoming
- Case Management and Referrals available but not required to access services
- Access to free washer/dryer, telephone, showers, food, clothing and personal hygiene supplies



# **HAFCI *Oshun* Center**

- Assessment and service planning
- Individual and family case management; Individual counseling and support groups
- Referrals for shelter substance abuse treatment
- Crisis intervention
- Co-located primary and behavioral health care

# *HAFCI Oshun Center*

- On average, Oshun sees 55 people a day.
- Of the 55, ten are in a family grouping.
- 30 women sleep upright in chairs at night
- 65% of all clients are between the ages of 45 and 65. Very few are younger than 30 or older than 65.
- 20% identify as LGBT; half (10%) are transgender
- 95% are homeless.

# ***HAFCI Oshun Center***

- Majority of clients present with a history of chemical dependency and drug abuse; a co-occurring or primary mental health disorder; and significant medical issues including HIV/AIDS and Hepatitis C.
- Client self-reported for 2010:
  - 41% African American
  - 24% White
  - 35% other minorities

# *HAFCI Oshun Center*

## HARDSHIPS/UNMET NEEDS

- Oshun clients are those expelled from other community programs due to policy noncompliance, and severe behavior and medical issues
- Oshun is used by hospitals as the mechanism for discharge and is the destination for chronically ill indigent women

# *HAFCI Oshun Center*

## HARDSHIPS/UNMET NEEDS

- EMTs are regularly called to transport sick patients to Emergency Rooms, only to return with them within a 24-hour period
- Funding is insufficient to support necessary staffing ratios
- The wear-and-tear on the facility and its contents is severe and needs upgrading

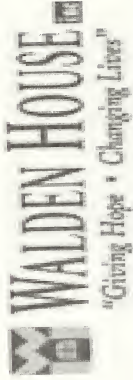
# ***HAFCI Oshun Center***

Oshun Funding from SF DPH, Community Behavioral Health Services: Oshun Drop-in Center, and Oshun Early Intervention, for a total of \$778,749 for fiscal year 2011.

Current contract calls for 17,590 Units of Service for FY 2011, with 14,600 from the Drop-in Center, and 2,990 from Early Intervention and Outreach services.

# HAFCI/Walden House *Merger*

HAFCI has signed a letter of intent to  
merge with Walden House, Inc.



# Walden House Inc. History

- Founded in 1969 in the Haight-Ashbury District
- *The mission of Walden House is to give hope and change lives for people affected by substance abuse and mental health conditions.*
- Provides comprehensive behavioral healthcare in San Francisco, Central California, and Los Angeles
- Over 435 employees: A combination of mental health professionals and former consumers



# Walden House Programs

- A range of residential treatment programs designed for specific client needs:
  - women only,
  - women and children,
  - men-only,
  - dual recovery
- Psychiatric services:
  - Assessment
  - Medication support
  - Short-term stabilization program
- MHSA funds 2 residential beds
- Evidenced based interventions, including, CBT, DBT, Seeking Safety Trauma Treatment, IMR, Helping Women Recover, Triple P Parenting
- Prison-based substance abuse treatment for seriously mentally ill inmates
- Outpatient behavioral health
- Intensive case management and day treatment for mentally ill offenders
- Case management and day treatment for parolees
- Safe and sober transitional housing
- Employment, housing, and educational support programs for all clients

*Walden House provides services to over 1,500 individuals each day*

*Over 55% of those clients have co-occurring mental health and substance use disorders*

# Walden House/HAFCl Combined

- Integrated primary care and behavioral health services.
- A full continuum of care for clients ranging from intensive residential treatment to low threshold outpatient services to primary healthcare services.
- A shared commitment to providing compassionate care to individuals with multiple challenges.



## SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

1380 Howard Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103  
(415) 255-3474 fax: 255-3760  
[mhb@mhbsf.org](mailto:mhb@mhbsf.org)  
[www.mhbsf.org](http://www.mhbsf.org)  
[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)

### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, April 13, 2011  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
6:30 – 8:30 PM

04-07-17410125 REVJ

#### CALL TO ORDER

GOVERNMENT  
DOCUMENTS DEPT

#### ROLL CALL

APR - 7 2011

#### AGENDA CHANGES

#### Item 1.0 DIRECTORS REPORT

SAN FRANCISCO  
PUBLIC LIBRARY

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update.

2.2 Public Comment

#### Item 3.0 PRESENTATION: AT THE TOP OF OUR MIND ... MENTAL HEALTH PRIORITIES FOR SAN FRANCISCO, LOIS KAZAKOFF, DEPUTY EDITORIAL PAGE EDITOR, SAN FRANCISCO CHRONICLE.

For discussion.

3.1 Presentation: At the Top of Our Mind ... Mental Health Priorities for San Francisco, Lois Kazakoff, Deputy Editorial Page Editor, San Francisco Chronicle.

3.2 Public comment

**Item 4.0 ACTION ITEMS**

For discussion and action.

4.1 Public comment

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of February 9, 2011 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of March 9, 2011 be approved as submitted.

**Item 5.0 REPORTS**

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

**Item 6.0 PUBLIC COMMENT**

**ADJOURNMENT**

## **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
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3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
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Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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# SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee  
Mayor

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## Unadopted Minutes

Mental Health Board

Wednesday, April 13, 2011

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Lynn Fuller, Vice-Chair; Ellis Joseph, Secretary; Inspector Kelly Dunn; David Lewis, PhD; Alphonso Vinh; Errol Wishom

**BOARD MEMBERS ON LEAVE:** Lisa Williams; and Virginia Wright

**BOARD MEMBERS ABSENT:** James L. McGhee; and Njoroge Tho-Biaz, M.A.

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Anna de la Paz; Virginia Lewis, LCSW; Nancy Cross, PhD.; Alyssa Landy, SF Teacher; Anthony J. Galletta; Linda Bentley; and seven other members of the public.

## CALL TO ORDER

The meeting was called to order at 6:30 PM.

## ROLL CALL

Ms Brooke called the roll.

## AGENDA CHANGES

Ms. Argüelles: "We are shifting the agenda tonight to allow our presenter to go on first. We will then continue the meeting in the usual order."

## ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

Ms. Robinson: "There are a couple of last minutes updates not on this month director's report.

May 18, 2011 is training on caring for formerly incarcerated clients who are parolees for non-violent crimes. This population will be reporting to local probation. Providers attending the training need to be receptive to these clients.

Another topic which has been happening is a MediCal reform that concerns seniors and people with disabilities. There will be a series of in-service trainings about the transition. In May, clients with MediCal eligibility will receive an enrollment packet allowing them to choose between SF Health Plan and Anthem Blue Cross for their primary care. Behavior health is a carve out where these clients continue their benefits.

Not on this month report is Marcellina Ogbu, PhD, who just took over Barbara Garcia's position two weeks ago. Ms. Garcia is now the Director of the Department of Public Health (DPH). Also, Dr. Robert Cabaj is leaving his position as Medical Director. His going away party will be April 15 starting at 3 PM.

Budget cuts are always a moving target. The last I heard is community programs in CBO are expected to suffer \$5.5 million in reductions from the General Fund. Housing will suffer about a \$1 million reduction in General Fund. Residential treatment programs will get a \$3.4 million reduction in General Fund.

They are talking about privatizing security at San Francisco General Hospital and Laguna Honda Hospital, and security privatization would be \$3 million in projected savings. Contracting out security services at these hospitals is part of the contingency proposal.

The base line budget has been met by revenues."

Ms. Argüelles: "How can more mental health board member participate in the budgeting process?"

Ms. Robinson: "Please check with Deborah on Quality Management."

Mr. Lewis: "I don't have a sense of percentages with these cuts to evaluate the impact it has on services."

Ms. Robinson: "The translation in percentage is an overall 10% reduction in General Fund dollars coming to DPH.

Right now they are talking about an across the board cut on community programs. A percentage cut would cripple many programs. We have yet to name programs because it is contingent at the moment. Ms. Garcia is negotiating with Mayor Ed Lee. She wants to inform us now as part of transparency."

Inspector Dunn: "We use sheriffs to provide security as armed guards at SFGH and Laguna Honda Hospital. Private security tends to have a higher employee turn-over."

Mr. Lewis: "How is privatization/contract-out of security affect the sheriff department?"

Ms. Robinson: "The sheriff is putting the charges as overtime to the CBHS. There is a commitment to a no lay-off approach. A Proposition J hearing is required when city/county positions, which are classified as civil service, must be cleared or approved before those security positions can be contracted out."



*Please see the attached March 2011 Director's report.*

## **Monthly Director's Report** **April 2011**

### **1. 2011 BRONZE KEY RECIPIENT: Renee Zito**

Guest Speaker: William Cope Moyers

Emcee: Noah Griffin

The former Director of the California Department of Alcohol and Drug Programs (ADP), Renee Zito is being presented with the NCADD Bronze Key Award for her role in the professionalization of the field of substance abuse treatment in California. As CA ADP Director, Renee was accessible, often taking calls from providers, attending their events and visiting their programs. One could tell from their first meeting with Renee that her primary goal was to represent the clients who were receiving treatment across the state and that they were her first priority. Renee's efforts to professionalize the field of addictions treatment in California and her tenacity to make this happen has improved the quality and consistency of services that clients receive throughout the State. It is for this and the many other actions that she took while Director of ADP to ensure that clients receive services from a qualified, competent, workforce that NCADA-BA is proud to present Renee with the 2011 Bronze Key Award.

The National Council on Alcoholism and other Drug Addictions-Bay Area (NCADA-BA) is an affiliate of the National Council on Alcoholism and Drug Dependence (NCADD), the Nation's oldest voluntary organization fighting alcoholism and drug addiction through education and prevention. NCADA-BA has served the people of San Francisco and the surrounding Bay Area since 1957.

NCADD presents various National awards to persons who have, in some way, made a contribution to the addictions field, the organization, research, treatment, innovative approaches, etc. Nationally, NCADD presents the Gold and Silver Key periodically and local Affiliates present the Bronze Key. The Bronze Key is a National Award presented on behalf of NCADD at the Affiliate level and is the highest award that can be given by the Affiliate.

To find out more about the presentation of the award to Renee Zito at the NCADA-BA Annual Evening of Dim Sum Fundraiser and Silent Auction and to purchase tickets to the event, please visit the NCADA-BA website at: [www.rusober.org](http://www.rusober.org)

### **2. Electronic Health Record**

In January 2010, the California Department of Mental Health implemented new claiming requirements under Short-Doyle Phase II, which significantly increased the level of training, claiming and reporting requirements, and corresponding reviews. In July 2010, as part of Short Doyle Phase II, CBHS implemented a State-required new electronic health record (EHR), which includes billing, claims, and clinical documentation. The new EHR, called Avatar, replaced three existing systems: 1) Insys, a 15 year-old legacy system used for billing; 2) eCura, the managed care system used to pay private provider claims; and 3) Clinicians Gateway, a rudimentary electronic clinical record system that was used only by civil service providers.

Avatar, which is a product of Netsmart, Inc., has been implemented as the EHR in over 20 other California counties.

Implementation of the new system significantly increased the number users from 800 in Insyst to 2,700, primarily because it includes a full electronic health record and other new clinical functions. Since an electronic health record is mandated by the State as part of Short-Doyle Phase II, it is essential that clinicians enter their clinical documentation and other required information electronically. It is this information that results in the claim for reimbursement. Because a client's electronic health record is now in Avatar, other clinicians involved in a mental health client's care can access the shared client's clinical information (due to Federal privacy statutes, substance abuse treatment client information cannot be shared with clinical staff outside of the treatment program without client authorization). Allowing access to clinical information for shared mental health clients improves care by ensuring care coordination and reduces the replication of data collection and entry by clinical staff. Additionally, it will allow CBHS to better meet one of the guiding principles of the Mental Health Services Act (MHSA), which is to monitor client outcomes and increase treatment accountability by using standardized measures, all toward the goal of ensuring that our clients are improving.

I understand the learning curve for an EHR is steep and that during the transition phase from INSYST to Avatar, staff have been impacted by the new data entry requirements. However, while productivity may be impacted as clinicians learn to use the new system, and system kinks are addressed, we know this is a common occurrence throughout the healthcare industry. Collectively, decreases in productivity are not expected to be an ongoing issue after staff have learned the new system and have become accustomed to the data entry requirements.

I appreciate the efforts all of you have made, and continue to make, to learn this system and the input you provide to improve it. Our IT team continues to shape Avatar, so that it will be optimal for CBHS in the care of our clients. The evolution of this system is strengthened by timely and constructive input from users, and we look forward continued dialogue with providers and consumers as new issues emerge.

### **3. MHSA Innovation Project Showcase**

**Seeding Resilience** is a new project of Growing Home Community Garden (GHCG) designed to increase access to holistic wellness services and increase employment opportunities and skills. The two year innovation project funded through MHSA is 75% focused on the GHCG (Octavia & Lily) and 25% on Urban Agricultural leaders in San Francisco to build a citywide network of support for mental health consumers. Program activities include:

- Skill share opportunities for individuals to learn about: 1) cooking & nutrition; 2) garden skills; and 3) health skills and stress reduction
- Regular support groups, workshops and events on topics recommended by garden members and skill share participants
- Educational opportunities for urban agriculture leaders to increase their awareness, create collaboration opportunities and employment opportunities for mental health consumers
- Information about the learnings of the project that will be made available so that the successful parts of the project can be reproduced in other locations

Ongoing efforts to develop partnerships with the urban agriculture community in San Francisco has resulted in the development of SF Refresh. Inspired by Sunday Streets, SF Refresh was created by Megan Rohrer, manager of the Growing Home Community Garden. The project is being developed in partnership with the San Francisco Urban Agriculture Alliance, a new organization created to connect the city's community gardens. SF Refresh's goal is to create six daylong citywide events that enable San Franciscans to receive free whole body care in community garden settings in 2011. Activities include: gardening classes, yoga, life coaching, meditation, trauma care, nutrition classes, massage, acupuncture, movement classes, preventative health care information and more.

**The first SF Refresh is scheduled for Saturday, April 16th, 2011! Additional information about SF Refresh is available at <http://sfrefresh.blogspot.com/p/2011-events.html>**

The Seeding Resilience Project takes place at the Growing Home Community Garden, which is located at 250 Octavia (at Lily). For more information, contact Megan Rohrer at 415-503-2196.

#### **4. Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Update**

The California Department of Mental Health (DMH) is charged with administering three PEI Statewide Projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. San Francisco County received an annual allocation for PEI Statewide Projects of \$750,000 for a period of four years, totaling \$3,000,000. Currently, counties do not have the option to independently develop programs with Prevention and Early Intervention Statewide funds. As a result, the Joint Powers Authority (JPA) known as the California Mental Health Services Authority (CalMHSA) was founded by member counties to jointly develop, fund, and implement mental health services projects and educational programs at the State, regional, and local levels.

CBHS, in consultation with the MHSA Advisory Committee, and with support from the Board of Supervisors, decided to assign San Francisco's allocation for PEI Statewide Programs to the California Mental Health Services Authority (CalMHSA). San Francisco received the support of the CalMHSA board to join on February 10, 2011. San Francisco joins 29 other counties already participating in CalMHSA.

Additional information about CalMHSA is available at <http://www.calmhsa.org>. For additional information on San Francisco's MHSA PEI initiative, please contact [Marlo.Simmons@sfdph.org](mailto:Marlo.Simmons@sfdph.org).

#### **5. Helping Our Seniors and Persons with Disabilities on Medi-Cal: FAQs**

DPH will be launching a series of in-service trainings about the transition of most, but not all, seniors and persons with disabilities (SPDs) from fee-for-service Medi-Cal to managed care Medi-Cal. Below are a list of FAQs that you might find helpful.

#### **Helping Our Seniors and Persons with Disabilities on Medi-Cal Transition into a Medi-Cal Health Plan**

## **Frequently Asked Questions for Department of Public Health Staff**

### **Are seniors and persons with disabilities on Medi-Cal losing their Medi-Cal benefit?**

No. Seniors and persons with disabilities (SPDs) are still on Medi-Cal. They will transition from regular Medi-Cal to managed care Medi-Cal and enroll in a Medi-Cal health plan.

### **Do seniors and persons with disabilities have to enroll in a Medi-Cal health plan?**

Yes. Most SPDs must enroll in a health plan. If your patient received an enrollment packet from State Medi-Cal stating mandatory enrollment, then they must enroll. Patients on Medi-Cal and Medicare do not have to enroll.

### **When does the enrollment process start?**

Now. But, enrollment is not all at once. Between March 2011 and April 2012, SPDs will receive enrollment packets from State Medi-Cal. Your patient will receive their enrollment packet approximately 60 days before their birthday.

### **What Medi-Cal health plans can patients choose in San Francisco?**

San Francisco Health Plan:  
1-888-558-5858 and [www.sfhph.org](http://www.sfhph.org)  
and  
Anthem Blue Cross:  
1-800-227-3238 and [www.anthem.com/ca](http://www.anthem.com/ca)

### **Can I enroll my patient into a Medi-Cal health plan?**

No. You cannot enroll your patient(s). There are only 3 ways for patients to enroll:

- By Mail: Completing the Medi-Cal Choice Form with a health plan and clinic or provider choice
- By Telephone: Calling Health Care Options at 1-800-430-4263
- In Person: Attending a Health Care Options presentation in San Francisco ( go to [www.healthcareoptions.dhcs.ca.gov/HCOCS/Presentation\\_Sites](http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Presentation_Sites) for list of presentation dates)

### **What should I tell my patient(s)?**

1. You will not lose your Medi-Cal
  2. The State Medi-Cal packet you received is very important
  3. If you want to continue receiving care at your current DPH clinic/provider, make sure to fill in the clinic or provider code
  4. Complete the Medi-Cal Choice Form by the 60-day deadline or State Medi-Cal will decide for you
  5. We cannot enroll you in a Medi-Cal health plan
  6. But, we can help you complete the Medi-Cal Choice Form, just contact us at 206-8558
6. **Upcoming Training**

### **Introduction to Caring for Formerly Incarcerated Clients: A Cultural Competency Training**

Wednesday, May 18, 2011  
9am-1pm

St. Mary's Cathedral Conference Center, 1111 Gough Street

1. Introduction and Overview of Incarceration, Health and Society
2. The Prison and Re-entry Experience: Personal Testimonials
3. Understanding Your Perspective: Ethics and Values Clarification exercise
4. Re-Entry: navigating the system

At the end of this session, participants will be able to:

- Discuss the ways incarceration is a social determinant of health, for individuals and the community
- Identify common health issues faced by formerly incarcerated people
- Identify the stigma surrounding incarceration and the systemic barriers to reintegration faced by newly released prisoners
- Discuss the role of frontline health workers in promoting a formerly incarcerated client's healthy transition to society
- Explore best practices, emerging models in this field
- Understand their own biases and prejudices toward incarcerated individuals

**For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)**

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

No public comment

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

*Please see the MHSA Annual Plan Update at the end of the minutes.*

Ms. Argüelles: "I would like to introduce Anna de la Paz, a Community Behavioral Health Service staff member who was instrumental in putting this report together."

Ms. de la Paz: "In front of you is a summary report. MHSA is Proposition 63. We report on fiscal year 2009-2010 activities. SF is the top of other counties. MHSA has five components: Community Services and Supports (CSS), Workforce Development, Education and Training (WDET), Capital Facilities and Information Technology (IT), Prevention and Early Intervention (PEI) and Innovation (INN). We hope to spend it all before the State takes the dollars away from us."

Mr. Vinh: "Is the career path filled in WDET?"

Ms. de la Paz: "The one at City College is a two-year program and is currently full. There could be additional money later."

Ms. Fuller: "Can you talk more about full-service partnership (FSP)?"

Ms de la Paz: "The staffing ratio for FSPs is 4:1 for transitional age youth and 14:1 for adults."

Ms. Robinson: "Think of FSP as intensive supercharged case management. The model is what ever the case manager or team needs to do to help advance someone's recovery."

Mr. Lewis: "Can you talk more about the gender imbalance in FSPs."

Ms de la Paz: "Yes, there is a disproportionate amount between boys and girls. There are more boys than girls, because girls tend to stay at home longer with their families, while boys tend to leave home earlier and are not able to maintain other supports. Thus, girls get a few more years of family support and care while we tend to see many more boys in FSP."

## **2.2 Public comment**

No public comments.

### **ITEM 3.0 PRESENTATIONS: AT THE TOP OF OUR MIND ... MENTAL HEALTH PRIORITIES FOR SAN FRANCISCO, LOIS KAZAKOFF, DEPUTY EDITORIAL PAGE EDITOR, SAN FRANCISCO CHRONICLE.**

#### **3.1. Presentation: At the Top of Our Mind ... Mental Health Priorities for San Francisco, Lois Kazakoff, Deputy Editorial Page Editor, San Francisco Chronicle.**

Ms. Argüelles: "I would like to introduce Lois Kazakoff, Deputy Editorial Page Editor for the San Francisco Chronicle."

Ms. Kazakoff: "I have been a deputy editor on the San Francisco Chronicles editorial board for about eleven years. What goes into the editorial page is not the same as what the public have come to expect.

We often cogitate over policy and government issues, and try to present humane and personal views on society, family and community. We've written a lot about health insurance parity. Editors ask questions such as, when it comes to health insurance coverage, 'Should mental health be treated like any other medical issue?

We wrote about Laura's Law, which involves several components from public policy to humanistic to family. Only two counties in California have adopted the Laura's Law. The law has controversial parts involving court orders for psychotropic medication. The Chronicle, along with several mental health advocacy organizations, believes that Laura's Law would a good thing for San Francisco.

We have focused a lot on state budget issues and their impact on services. We also utilize the editorial section to focus on different community priorities.

I came tonight with the idea that the board would provide me with suggestions on priorities for mental illness and substance abuse in San Francisco. I am also open to suggestions on priorities in the community right now.”

Dr. Lewis: “On the political spectrum San Francisco is more left, but your editorial page seems to be more conservative. Laura’s Law includes the law of opportunity to abuse people with mental illness. Both proponents and opponents have concerns about Laura’s Law as like there are both sides to the sit-and-lie law in San Francisco.”

Ms. Kazakoff: “I do not think I can respond to your statement in its entirety. What I can say is if you feel our editorial page is too conservative then [you] can submit opposing views to the op-ed section of the Chronicle. To be published in this section, articles should be narrowly focused and supported by facts, rather than just ideological views.”

Mr. Joseph: “I thought the editorial page is to avoid embarrassment! I do not see anything about youth with mental illness or troubled foster care kids who have aged out.”

Ms. Kazakoff: “We did a series of editorials on foster care children with mental illness and about how these kids were heavily medicated. We published stories about judges making rulings on foster care children in three-minute hearings. In 2005 and 2006, we did editorials extensively on the foster care system.”

Ms Fuller: “To me, mental illness is covered with polar extremity. Either mental illness is a public nuisance or people are sympathetic to the problems and the concerns of families. In recent months, some have complained that homelessness and people with mental illness are having an affect on commerce.”

Ms. Kazakoff: “Yes, it does seem to be more extreme. I also note what you are saying about issues between homelessness and local businesses.

Decisions that have been made on spending priorities seem often more to help short-term goals rather than long-term goals. With budget cuts every dollar counts.”

Mr. Joseph: “Recently, bullying has been covered by the Chronicle. But I do not see anything about mental illness stigma.”

Ms. Kazakoff: “The bullying coverage was a response to President Barrack Obama’s conference which drew public attention to the topic.”

Ms. Argüelles: “Mental illness gets blamed a lot. Maybe editorial pages should include something to challenge such stigma and ignorance!”

Ms. Kazakoff: “There is a lot of ignorance around treatments of mental illness. Maybe you can provide an op-ed piece talking about how medications are not the panacea or fairy dust. That way the public could relate such stories about their loved ones.”

It could be stories with a few individuals serving as example, and their names need to be mentioned.

Mr. Vinh: “Is it OK to use pseudonyms as anonymity?”



Ms. Kazakoff: "In the newspaper business, we need people's names as anecdotal evidence without giving out the patient's information or their medical history."

### 3.2. Public comment

Public member: Seth Arlow is a mental health worker. Seth reads the Chronicle but not always the editorial section. He mentioned that marijuana clubs affect many of his clients because they would show up at his clinic so stoned. He pointed out that just about anyone can get a marijuana card these days. He said that marijuana has strong interactions with medications and treatments, and he sees on the front line how marijuana is impacting mental health in San Francisco.

Ms. Kazakoff: "Mr. Phil Bronstein wrote an article on marijuana. About two years ago a psychiatrist from UCSF also wrote on the same subject that I ran in the op-ed section. Eight clinics had opened up within two weeks after marijuana became legal."

## ITEM 4.0 ACTION ITEMS

For discussion and action

### 4.1 Public Comment.

No public comments.

### 4.2 Proposed Resolutions.

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of February 09, 2011 be approved as submitted.

**4.2 b PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of March 09, 2011 be approved as submitted.

There was not a quorum so no votes were taken.

## ITEM 5.0 REPORTS

### 5.1 Report from the Executive Director of the Mental Health Board.

Ms. Argüelles: "Ms. Brooke will give her report."

Ms. Brooke: "The SF Police Commission gave us a Certificate of Merit and Appreciation on April 6, 2011, and it reads:

#### *"SAN FRANCISCO MENTAL HEALTH BOARD*

*For your service and dedication to the San Francisco Police Department and to the public which the department serves. Let it be known that between May of 2001 and June of 2010, the San Francisco Mental Health Board educated 909 members of the San Francisco Police Department and 69 members of outside agencies in a 40-hour course entitled Police Crisis Intervention Training to educate law enforcement personnel in the course and nature of*



*mental illness and developmental disabilities, communication techniques and alternatives to lethal force when interacting with potentially dangerous mentally disabled individuals. Additionally, the San Francisco Mental Health Board assisted in providing an 8-hour course in these same topics to 1,040 members of the San Francisco Police Department during their Continuing Professional Training.*

*With our thanks and gratitude.*

*Presented this 6<sup>th</sup> day of April 2011.*

*Thomas Mazzucco, President; Petra De Jesus, Commissioner; Dr. Joe Marshall, Vice President; Angela Chan, Commissioner; Carol Kingsley, Commissioner; and R. James Slaughter, Commissioner."*

April 28, 2011 is training on Through the Lenses of History and Trauma: Understanding Russian-Speaking immigrants. The training is presented by RAMS.

I encourage the board to attend the budget meetings between now and June 2011.

## **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: "I would like to first welcome again our newest board member, David Lewis. Mr. Lewis, would you like to say anything to the board such as one or two issues that are important to you?"

Mr. Lewis: "I am glad to be a member. I've been doing volunteer work with the Mental Health Association (MHA) Sharing Our Lives: Voices and Experiences (SOLVE). SOLVE helps increase public awareness about mental illness to reduce stigma and focus on recovery."

Ms. Argüelles: "I was pleased to see that James McGhee, Alphonse Vinh and David Lewis and staff attended the California Institute of Mental Health Regional Board member training. The training was very interesting. I will be asking them if they have anything they would like to share during the next item 5.3.

## **5.3 Report by members of the Board on their activities on behalf of the Board.**

Mr. Vinh: "It was fantastic meeting other county's board members and commissions. A few things came up such as in San Mateo supervisors are very actively involved with their mental health board. I feel the San Francisco Board of Supervisors does not participate as much with our mental health board as San Mateo supervisors.

Another is Peer Run Respite Housing in Santa Cruz. This is something to advocate for San Francisco consumers."

Mr. Lewis: "I concur with the Peer Run Respite house and would like to see more of that in San Francisco."

Ms. Argüelles: "San Mateo has five supervisors while San Francisco has 11 supervisors."

#### **5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

Ms. Brooke: "I would like board members to consider doing a brief 30 second public announcement. It will be air on channel 26 which is the San Francisco City government channel."

Mr. Wishom: "I have a client at Glide who is interested in the mental health board."

#### **5.5 Public comment**

Ms. Cross: Ms Nancy Cross who has a PhD. in chemistry suggested the followings as new business for the board to consider: How homeless living conditions further exacerbate mental illnesses in homeless people who already have mental illness. How non-smokers living in residential houses are experiencing deep depression due to smoking allowance. How alcoholism induces mental illness more as chemical rather than psychological. How homeless shelters contribute to the problem of sleep deficits when these places have lights out starting at 12 AM (midnight) and people must leave these shelters by 6 AM.

#### **ITEM 6.0 PUBLIC COMMENT**

No public comments.

#### **Adjournment**

Meeting adjourned at 8:19 PM.



# MHSA Annual Plan Update for Fiscal Year 2011-12

Read the plan online at: <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/>

Community Services and Supports (CSS) = \$10,557,900

Workforce Education and Training (WET) = \$0

Capital Facilities and IT = \$3,000,000

Prevention and Early Intervention (PEI) = \$3,368,800

Innovation (INN) = \$904,300

**Total Funding Requested = \$18,101,000**

PEI Statewide (\$119,600 to Mental Health Association/\$755,100 to CalMHSA) = \$874,800

**Total Allocation for 2011-12 = \$18,975,700**

## Implementation Progress Report of Fiscal Year 2009-10

- San Francisco is at the forefront of California counties in all components.
- FY09-10 coincided with the five year anniversary of the enactment of MHSA, which occurred in January 2005. The initial five year report was steered towards the implementation progress of the full service partnership (FSP) programs.

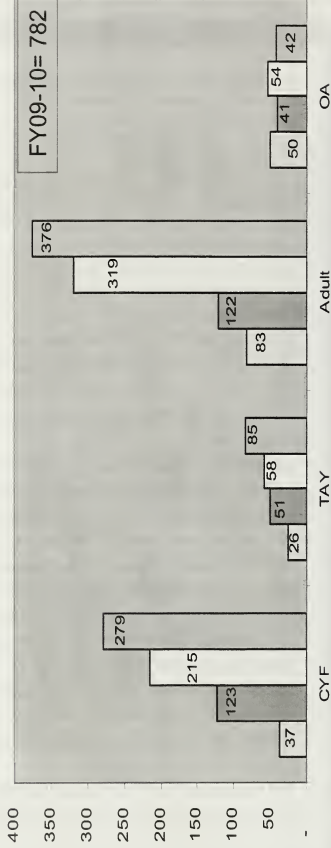
Within the FSPs, client outcomes are improving, as evidenced by reductions in arrests, other emergencies, and time spent in restrictive settings, and increases in safer and more stable living situations.

- Consumer and family member employment has increased system wide. Implementation of WET initiatives progressed smoothly except for one agency, SF State University, because they had to be certified as a City vendor and this process took a longer time than expected.
- PEI programs served over 11,000 people in FY09-10. 4,429 people were served through Individual Encounters, consisting of outreach and drop-in services. 3,946 people were served through Group Activities, including workshops, trainings, and support Groups. 3,160 people were served through Large Community Events: cultural Events as well as celebrations.
- PEI Statewide - Sharing Our Lives: Voices and Experiences (SOLVE) officially began on November 1st, 2009. This program aims to increase the public's understanding of mental illness and to improve the capacity of behavioral health providers to deliver appropriate services and to implement consumer-run education that reduces stigma and focuses on recovery. In its first year, SOLVE was very successful, reaching over 600 members of the community at 36 presentations.
- The Innovation Three Year Plan was submitted to DMH in March 2010 and approved in May 2010, so implementation of projects did not begin in FY09-10.

# What are the FSP Programs?

CYF	TAY	ADULT	OLDER ADULT
Family Mosaic Project (FMP) Seneca Connections SF	CBHS TAY (civil service) Family Services Agency (FSA)	UCSF/Citywide Forensics Family Services Agency (FSA) Hyde Street FSP (@ Tenderloin O/P Clinic) SF First (civil service, formerly AB2034 precursor to the FSP)	Family Services Agency (FSA)

**Full Service Partnerships Unduplicated Client Counts**

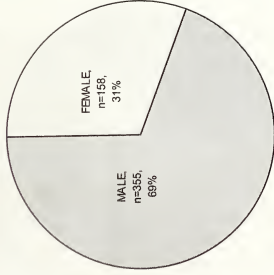


☐ FY 06-07
 ☐ FY 07-08
 ☐ FY 08-09
 ☐ FY 09-10

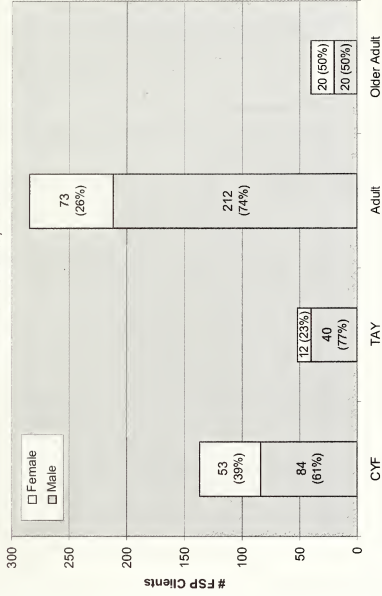
# Demographics of FSPs

Active Clients in *INSYST*, as of June 1, 2010

Gender of Current FSP Clients, n=514



Gender by Age Group,  
Current FSP Clients, n=514



- Mostly male (69%)

- Mostly Adult (55%) and Children/Families (27%)



# Workforce Development Education and Training At-A-Glance

## CAREER PATHWAYS PROGRAMS

### Community Mental Health Certificate Program (CMHC)

- All course outlines, grounded on the Recovery model, was completed and approved by City College of San Francisco's curricula committee, with regional and state approval anticipated before the end of the Fall semester
- An 8-member Community Advisory Board was created comprised of individuals with personal experience as mental health consumers and representatives from educational institutions and community behavioral health agencies. Active recruitment is ongoing for expanded membership.
- Collaborative partnerships formed with community based organizations and educational institutions that will potentially serve as internship sites, pathway programs leading into the CMHC, post certificate extended training programs, and undergraduate degree and graduate program for those interested in further education
- Students have access to the Peer Care Management Team for consultations and check-ins regarding their progress and supports needed to successfully complete the certificate program
- CMHC will launch in the Fall of 2010. Scholarships and vouchers for books and other needs will be available.

- Curriculum developed through an extensive and collaborative process
- 55 Applications received following widespread outreach and promotional activities at high schools, wellness & Beacon centers
- 23 enrolled in program
- Many declined because they received competitive employment and contribute to family income

## CULTURAL SENSITIVITY AND PROFESSIONAL DEVELOPMENT TRAININGS

- A 24-member Training and Evaluation Committee formed with representatives of lead training agencies, CBHS, community agencies, and individuals/family members with personal experience with mental health services
- Qualified trainers who are highly acknowledged in their field and have expertise in specific topics were identified
- Calendar of Training Events widely disseminated for upcoming fiscal year
- Recruitment of participants for the Integration and Professional Development of Consumers series was completed for implementation of the first of those trainings on 7/8/2010
- Applied for Continuing Education Units for Professional Development trainings for implementation of the first of those trainings in September 2010
- Curricula for the Consumer Professional Development and Crisis Intervention trainings were reviewed and approved by CBHS on 6/30/2010
- Reviewed three evaluation tools and submitted the final tool and was submitted to CBHS for review on 4/19/2010

New WET Program Coordinator:  
Kim Ganade-Torres

## SUPPORTED EDUCATION

### California Institute of Integral Studies

- Outreach to over 1,119 potential students in targeted populations:
  - Mental health consumers and family members
  - Under-represented minorities
  - LGBTQ
- 11 new students enrolled from targeted populations in academic year 09-10
- 80% of CIIIS staff, faculty, students, and extended community experienced increased awareness of MHSA, its principles, & desired outcomes after attending comprehensive trainings
- 284 participated in these comprehensive trainings
- 94% of participants experienced increased understanding of the challenges faced by students among the targeted populations
- Student Support Services enhanced through the hiring of additional staff to create a welcoming and inclusive environment and to better reach the target populations

### San Francisco State University

- Due to administrative delays, no contract was awarded
- A 30-member Student Success Program Advisory committee was formed with SFSU, educational institutions, community based organization and individuals with personal experience with mental health services
- A sub-committee was established to focus on program evaluation
- Job descriptions for SSP staffing and intern interviews conducted for hiring in Academic Year 2010-11

### Peer Mental Health Certificate Program

- Curriculum developed with input from SFSU and completed on July 30, 2010 after widespread research on evidence-based practices and models
- Focus groups conducted to generate feedback on curriculum and to pilot the final curriculum and application forms
- Guest lecturers/instructors identified
- Extensive outreach performed through brochures/website/Open House/media
- A 16-member Advisory Committee established, which collaborates with the SFSU and agency's Advisory Board
- 80 applications received for 20 slots starting in the Fall 2010



# Prevention and Early Intervention (PEI)

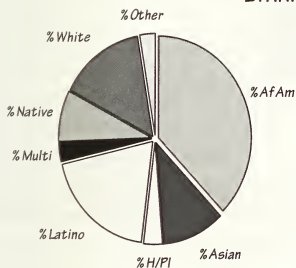
FY 09/10

PEI programs served over 11,000 people in FY 09/10

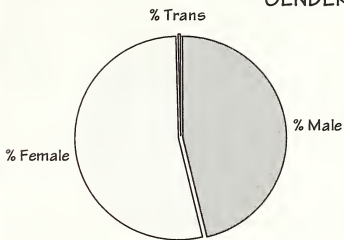
- 4,429 served through Individual Encounters: Outreach, Drop-In
- 3,946 served through Group Activities: Workshops, Trainings, Support Groups
- 3,160 served through Large Community Events: Cultural Events, Celebrations

The following charts provide a demographic snapshot of those served\*

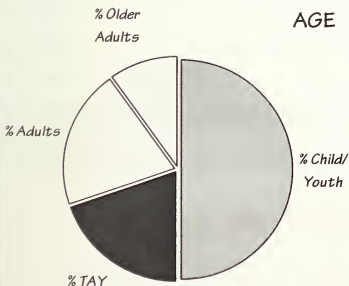
ETHNICITY



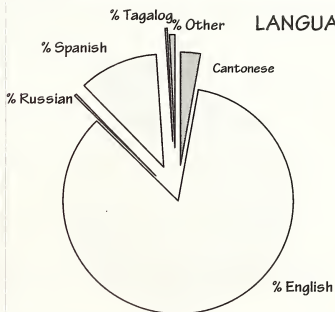
GENDER



AGE



LANGUAGE



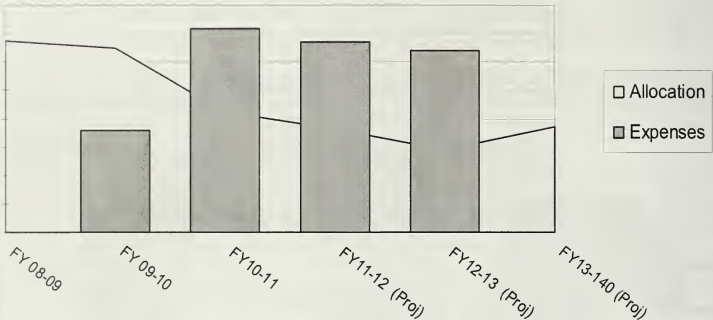




## Prevention and Early Intervention (PEI)

Looking Forward

PEI Allocation and Expenses by FY



### PEI Initiative Goals for FY 11/12

- Finalize PEI objectives to be included in CBHS FY11/12 Performance Objectives
- Increase Medi-Cal revenue
- Finalize and implement evaluation plan for Holistic Wellness Programs
- Improve linkages between PEI programs and better integrate PEI efforts within DPH Systems of Care
- Better understand outcomes and impact of PEI programs
- Begin planning for FY 13/14 deficit





## Innovations At-A-Glance

New INN Program Coordinator: Lisa Reyes

### Annual Plan Update for Fiscal Year 2011-12

Twelve programs are described in the update and will begin planning and implementation in Spring 2011 and into the 2011-12 Fiscal Year.

1. Adapt the WRAP
2. Mindfulness Based Intervention for Youth and their Providers
3. Supported Employment and Cognitive Training (SECT) Program
4. Digital Storytelling for Adults
5. Youth Led Evaluation of Health Assessment Tools
6. Peer Education/Advocacy on Self-Help Movement and Consumer Rights
7. Peer-Led Hoarding and Cluttering Support Team
8. Collaboration with the Faith Community
9. Community Mini Grants
10. Community Garden
11. WAIST Nutrition Project
12. Clinic/School Linking Project

The Innovation component will fund creative and novel ideas and/or practices that could potentially be adopted in the mental health setting. The practices could be community driven or evidence based approaches that have been proven to work effectively in other settings and could influence or change practices in mental health settings.

The practice may even be one that has not been done before but may prove effective in mental health settings. The focus of these innovation projects is learning and since these approaches are new, not all innovation projects will be or expected to be successful.

- Innovation funds must be used for the following purposes:
- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services





## SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

1380 Howard Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103  
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[www.mhbsf.org](http://www.mhbsf.org)  
[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)

### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, May 11, 2011  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
6:30 – 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

#### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

#### Item 3.0 PRESENTATION: MENTAL HEALTH NEEDS FOR HOMELESS YOUTH, TOBY EASTMAN, LCWS, CHIEF OF PROGRAMS, LARKIN STREET YOUTH SERVICES

For discussion.

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3.1 Presentation: Mental Health Needs For Homeless Youth, Toby Eastman, LCSW, Chief of Programs, Larkin Street Youth Services

3.2 Public comment

#### **Item 4.0 ACTION ITEMS**

For discussion and action.

4.1 Public comment

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of February 9, 2011 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of March 9, 2011 be approved as submitted.

4.2 c PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of April 13, 2011 be approved as submitted.

#### **Item 5.0 REPORTS**

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

#### **Item 6.0 PUBLIC COMMENT**

#### **ADJOURNMENT**

## **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

## **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

## **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

#### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics)

# SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee  
Mayor

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## Unadopted Minutes

Mental Health Board

Wednesday, May 11, 2011

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Lynn Fuller, Vice-Chair; Ellis Joseph, Secretary; Linda Bentley; Inspector Kelly Dunn; Noah King III; Alyssa Landy; David Lewis, Ph. D.; Virginia S. Lewis, LCSW; Virginia Wright.

**BOARD MEMBERS ON LEAVE:** None

**BOARD MEMBERS ABSENT:** Errol Wishom.

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Toby Eastman, LCSW, Chief of Programs for Larkin Street Youth Services; Eduardo Vega, Executive Director of Mental Health Association, San Francisco (MHA-SF); Kara Chien, JD, SF Public Defender's Office; LaVaughn Kellum King; James L. McGhee; Lisa Williams; Anthony J. Galletta; Roopa Grewal, NAMI, MHA-SF; Marzell Brown; and three other members of the public.

## CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:30 PM. I want to welcome all of our new board members, Alyssa Landy, appointed by Supervisor Eric Mar to a family member seat, Virginia Lewis, appointed by Supervisor Carmen Chu, also to a family member seat, Linda Bentley, appointed by President David Chiu to a public interest seat, and Noah King III, appointed by Supervisor Malia Cohen to a consumer seat. Later in the meeting I will ask each of you to say a few words about yourself and why you wanted to be on the board."

## ROLL CALL

Ms. Brooke called the roll.

## AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

## ITEM 1.0 DIRECTORS REPORT

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**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

Ms. Robinson: "May 26, 2011 is the (Department of Public Health) DPH Got Talent charity event where all the proceeds will go to the non-profit Worker's Children's Fund to send foster care children to summer camp.

The new Community Behavior Health Services' medical director is Irene Sung, MD, who was medical director of the Children Youth and Family System of Care. Her responsibilities have been combined to include care for CYF and adults in the CBHS system.

California Assembly Bill 100 (AB100) mandates a MHSA budget committee to allow the department, the commission, or designated state and local agencies to implement the funding. California Assembly Bill 36 (AB36), which ensures group health coverage to dependents up to age 26, was unanimously approved by the California Senate in March 2011. California Assembly Bill 32 (AB32) provides the springboard to focus on a client-centered and behavioral health recovery approach – which is a holistic look at not only treating mental illness but also addressing aspects of a person's life that contribute to behavioral health instability."

*Please see the attached March 2011 Director's report.*

**Monthly Director's Report**  
**May 2011**

**1. DPH Got Talent**

The Department's first ever Charity Event is scheduled to take place Thursday, May 26, 6 – 9 p.m., St. Mary's Conference Center. Come hear the piano playing, violins, guitars, singing social workers, musical accountants, dancing docs and more. We have so many talented Public Health staff who are also musicians, singers, dancers, even stand-up comics. The "DPH's Got Talent!" event will allow us to showcase that talent in a family-friendly, fun-packed venue complete with a Silent Auction, door prizes, and bragging rights. PLEASE JOIN US! Mark your calendars for DPH Got Talent Night on Thursday 5/26. Be sure to read the latest Fast Facts with up to date information.

All proceeds will go to the non-profit Worker's Children's Fund via our partner the San Francisco Public Health Foundation. Come on out, have some fun and help us send our foster kids to camp this summer!

**2. New Medical Director**

Effective May 2, 2011, Irene Sung, MD became the new Medical Director of Community Behavioral Health Services. In this role, she will provide medical and clinical oversight for the Children's and Adult Systems of Care. Dr. Sung will also remain as the Chief Medical Officer of Community Programs.



Prior to her current position, Dr. Sung was the Medical Director of Children, Youth and Family System of Care, Community Behavioral Health Services; Associate Medical Director, Edgewood Center for Children and Families; and Medical Director of the Family Mosaic Project, San Francisco Department of Public Health.

Dr. Sung is Board certified in Child and Adolescent Psychiatry. She completed medical school at the University of Minnesota and her residency at University of California, San Francisco. In addition to being a member of the American Academy of Child and Adolescent Psychiatry, Dr. Sung is a past president of the Northern California Regional Organization of Child and Adolescent Psychiatry.

### 3. **MASS PROPHYLAXIS SCREENING EXERCISE - June 8th**

In the rare event of an infectious disease emergency such as an Anthrax attack, antibiotics will need to be dispensed to everyone in the Bay Area. For people to receive the right medicine, our entire population will need to be screened. Your Bay Area Counties' Health Departments have created an online tool to help the screening process. Please help us, by testing this tool on June 8th.

This will be an exercise to test our regional mass prophylaxis website and server on June 8th. This website would be used in the unusual event of an anthrax attack or other event that required mass distribution of antibiotics to the public. Those who used this website for pre-screening would be able to receive their antibiotics more quickly at the dispensing sites.

Participation in the exercise will take 10 - 15 minutes, and can occur at either 10 am, 2pm or 4pm. The benefits of the exercise include:

- Testing and stressing our new website and server
- Receiving feedback from participants on the on-line process of screening themselves and household members for appropriate antibiotics
- Increasing awareness and participation in emergency preparedness activities within the department

ON WEDNESDAY, JUNE 8TH, 2011:

- Logon to [BayAreaDisasterMeds.org](http://BayAreaDisasterMeds.org)
- Click the tab to Get Medicine
- Fill out the screening quiz for both yourself and up to nineteen others (family, friends, neighbors, etc.) that you would potentially pick up medicine for in an emergency
- Print out your results
- Complete a short survey

If possible, please logon at one of the following times: 10am, 2pm, or 4pm.

If not, logon anytime on June 8th.

We would appreciate you distributing this announcement and encouraging your staff to participate.

### 4. **May is Hepatitis Awareness Month**

Although May is Hepatitis Awareness Month; viral hepatitis needs more attention throughout the year. One of the main findings from last year's Institute of Medicine (IOM) report was the public and health care professionals lacked knowledge and awareness about viral hepatitis.

<http://www.cdc.gov/hepatitis/HepAwarenessMonth.htm>

#### Resources for Hepatitis Awareness Month

Including The ABCs of Hepatitis (for Media), Twitter Info, Buttons, Banners, Quiz Widget

<http://www.cdc.gov/hepatitis/HepPromoResources.htm>

#### Patient Education Resources

CDC has three new two-page downloadable fact sheets available in Spanish.

Hepatitis C General Information

Hepatitis B General Information

Hepatitis B & Sexual Health

For a complete list of all CDC viral hepatitis factsheets and translations, visit:

<http://www.cdc.gov/hepatitis/Resources/PatientEdMaterials.htm>

#### **MMWR - Hepatitis C Virus Infection Among Adolescents and Young Adults - Massachusetts, 2002-2009**

The report shows an increase in cases of HCV infection during 2002--2009 among adolescents and young adults aged 15--24 years in Massachusetts and highlights the fundamental role of surveillance in identifying emerging patterns of transmission and developing appropriate public health response. The Massachusetts cases were reported from all areas of the state, primarily among non-Hispanic whites. Injection drug use (IDU) was the most common risk factor for HCV transmission, and the increase in case reports suggests an epidemic of HCV infection related to IDU in this age group in Massachusetts.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6017a2.htm>

#### **5. State Task Force Seeks to Improve Ways to Handle Mental Health Cases in Criminal Justice System - Judicial Council Takes Other Actions on Judicial Branch Education, Civil Counsel Act, and Court Facilities**

On April 29, 2011, the Judicial Council of California released a comprehensive report from the Task Force for Criminal Justice Collaboration on Mental Health Issues that makes 137 recommendations for improving practice and procedure in cases involving both adult and juvenile offenders with mental illness. For more information on the California Task Force for Criminal Justice Collaboration on Mental Health Issues or to view the report and its supporting documents online, please visit <http://www.courts.ca.gov/3046.htm>.

#### **6. Suicide Prevention**

The California Office of Suicide Prevention (OSP) is pleased to present Volume 2, Issue 4 of the OSP eNews. This issue is about suicide prevention in the primary care setting. The OSP eNews is a newsletter that informs readers about local, state, and national suicide prevention efforts as well as emerging research on preventing suicide.

OSP hopes to start a dialogue through the eNews. Please feel free to provide us feedback, information you would like highlighted, and suggestions for future issues so we can ensure that the OSP eNews meets your needs and interests.

Issues of the OSP eNews are also posted on <http://www.dmh.ca.gov/PEIStatewideProjects/OSP-eNewsArchive.asp> under "eNews Archives."

7. **Adult-supervised drinking in young teens may lead to more alcohol use, consequences**

Allowing adolescents to drink alcohol under adult supervision does not appear to teach responsible drinking as teens get older. In fact, such a "harm-minimization" approach may actually lead to more drinking and alcohol-related consequences, according to a new study in the May 2011 issue of the Journal of Studies on Alcohol and Drugs.

"Kids need parents to be parents and not drinking buddies," according to the study's lead researcher, Barbara J. McMorris, Ph.D., of the School of Nursing at the University of Minnesota. Allowing adolescents to drink with adults present but not when unsupervised may send mixed signals. "Adults need to be clear about what messages they are sending."

In general, parents tend to take one of two approaches toward teen drinking. Some allow their adolescent children to consume alcohol in small amounts on occasion if an adult is present. The thinking is that teens will learn to drink responsibly if introduced to alcohol slowly in a controlled environment. This has been the predominant approach in many countries, including Australia.

A second approach is one of "zero tolerance" for youth drinking, meaning that teens should not be allowed to drink alcohol under any circumstances. This less permissive position is predominant in the United States, with local laws and national policies often advocating total abstinence for adolescents.

To test how these different approaches are related to teen drinking, McMorris and colleagues from the Centre for Adolescent Health in Melbourne, Australia, and the Social Development Research Group in Seattle surveyed more than 1,900 seventh graders. About half were from Victoria, Australia; the rest were from Washington State. From seventh to ninth grade, investigators asked the youths about such factors as alcohol use, problems they had as a result of alcohol consumption, and how often had they consumed alcohol with an adult present.

By eighth grade, about 67% of Victorian youths had consumed alcohol with an adult present, as did 35% of those in Washington State, reflecting general cultural attitudes. In ninth grade, 36% of Australian teens compared with 21% of American teens had experienced alcohol-related consequences, such as not being able to stop drinking, getting into fights, or having blackouts. However, regardless of whether they were from Australia or the United States, youths who were allowed to drink with an adult present had increased levels of alcohol use and were more likely to have experienced harmful consequences by the ninth grade.

The researchers suggest that allowing adolescents to drink with adults present may act to encourage alcohol consumption. According to the authors, their results suggest that parents adopt a "no-use" policy for young adolescents. "Kids need black and white messages early on," says

McMorris. "Such messages will help reinforce limits as teens get older and opportunities to drink increase."

In a related study in the May issue of JSAD, researchers from The Netherlands found that, among 500 12- to -15-year olds, the only parenting factor related to adolescent drinking was the amount of alcohol available in the home. In fact, the amount of alcohol parents themselves drank was not a factor in adolescent drinking. These results suggest that parents should only keep alcohol where it is inaccessible to teens. In addition, parents should "set strict rules regarding alcohol use, particularly when a total absence of alcoholic drinks at home is not feasible," according to lead researcher Regina van den Eijnden, Ph.D., of Utrecht University in The Netherlands.

"Both studies show that parents matter," McMorris concludes. "Despite the fact that peers and friends become important influences as adolescents get older, parents still have a big impact."

The study by McMorris and colleagues was funded by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. The research by van den Eijnden and colleagues was funded by The Netherlands Institute for Health Promotion and Disease Prevention.

#### **8. DPH training, on-line registration is now available**

The Community Programs, Training Unit has made registration for educational activities even easier, you can now register on-line! Check out the schedule of upcoming training opportunities and begin taking advantage of these great resources. Trainings will continue to be added on a monthly basis. For now, go to [www.sfdph.org](http://www.sfdph.org) and click on the HETC block and take a look at what's available.

- 1) Go to the DPH internet (public site) <http://www.sfdph.org/dph/default.asp>
- 2) Midway down, under The Health Education Training Center block, click HERE
- 3) On the left, click on Online Event Registration System
- 4) Click on the third option: Office of Quality Management, Training Unit
- 5) Select training by Adding to Cart
- 6) Go to Shopping Cart button on top of page
- 7) Proceed to check out and follow the prompts to build or edit your profile under:  
**Create an Account**  
If you do not have an account, please select one of the following to register:  
DPH Employees Non-DPH Users (Contractors, etc.)

- 8) After completing your profile, it will take you back to your selected training, proceed to Check Out

**For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)**

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*Past issues of the CBHS Monthly Director's Report are available at:*  
<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>  
To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

Eduardo Vega: He is the Executive Director of MHA-SF, and he stated that he supports Ms. Robinson's comment on AB100 which talks about realignment. He believed that in the long run, re-direction of MHSA to backfill this year's shortfall is not too bad but that he has concerns in upcoming years.

Ms. Robinson: "I have heard the same thing. It is still very speculative."

Ms. King: Ms. LaVaughn King asked for clarification on the new medical director.

Ms. Robinson: "Dr. Sung is replacing Dr. Robert Cabaj who left at the end of April 2011."

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

No MHSA updates.

### **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATIONS: MENTAL HEALTH NEEDS FOR HOMELESS YOUTH, TOBY EASTMAN, LCWS, CHIEF OF PROGRAMS, LARKIN STREET YOUTH SERVICES.**

### **3.1. Presentation: Mental Health Needs For Homeless Youth, Toby Eastman, LCSW, Chief of Programs, Larkin Street Youth Services.**

*Please see the presentation at the end of the minutes.*

Ms. Argüelles: "I would like to introduce Toby Eastman, Chief of Programs for Larkin Street Youth Services. Ms. Eastman is a licensed clinical social worker and has served for five years with Larkin Street Social Services. She has been working with youth for more than 20 years. She will be talking to us about the mental health needs of youth who are homeless."

Ms. Eastman: "Thanks so much for having me this evening. I will speak for about thirty minutes about our Larkin Street's social services for youth. Larkin Street Youth Services (LSYS) has been around for about twenty-seven years. With over twenty-five programs targeting transitional age youth (TAY) who are in the age range of 18 to 24 years old. We currently have about 25 programs and services ranging from mental health crisis to transitional housing to independent living. Six days a week we do outreach in places that youth normally congregate to give them food, housing information and social programs.

We have two drop-in centers in the City. At the Haight Street Referral Center, we see about 50 kids a day, and at the Sutter Street Center in the Tenderloin.

We have two drop-in shelters for housing. There are 20 beds at Haight and Central for those youth under the age of 18. The other shelter has 40 beds for TAY between the age of 18-24, and this group represents about 80% of the youth we served. The other 20% is composed of 14-18 year old youth. Currently, the shelter for youth 18-24 years old is beyond capacity. The other 20% is composed of youth 14-18 years old. Currently, the shelter for 18-24 years old is beyond capacity. We have seen an increase in youth in our shelters who were recently discharged from the San Francisco General Hospital's psychiatric inpatient wards.

We have nine transitional-living programs with two broad models. Congregate housing has staff 24x7. Scattered-site model housing includes apartment housing and single resident occupancy (SRO) units throughout the community.

Some of our transitional-living programs serve youth with specific needs such as HIV+ youth, foster-care youth, or LGBTQ youth. We have one permanent supportive house where we have 24 studio units that young people can stay in for as long as they want until the age of 25.

Youth homelessness comes from young people having to leave their homes due to a mental illness, being forced out due to gender orientation, or to get away from abusive situations.

We have a range of supportive services from employment to education. We have educational programs to help them get their GED certification, or scholarships for higher universities. The Youth Force provides youth day-labor jobs so they can acquire employable skills. The Job Readiness program is a four week curriculum with paid internships.

We have a full service primary care medical clinic at the Sutter Center for HIV testing, treatments for abscesses, and within the primary care clinic we have a counselor, although we are limited in our ability to provide mental health services. We have subcontracted with Edgewood for clinical consultation and crisis intervention triage with two consulting psychiatrists.

Our population tends to have mental illness or substance abuse, and sometimes both issues. Young people start with substances to medicate themselves. For substance abusers, we have harm reduction counseling to educate them on substance abuse, but we are not a substance abuse treatment program."

Mr. Joseph: "How do you handle behavioral issues?"

Ms. Eastman: "We treat young people with respect and care. Young people do not like structure and tend to rebel. Our goal is to help them with transitional issues into independence, and we work with them to set the goals that make sense for them to achieve this. Young people come in to us due to family rejection, abuse at home or mental health issues that cause family disruption. Sometimes mental health issues can be seen as a rebellion. But we see them as a self-expression of what is going on in their immediate environment."

Dr. Lewis: "How do you deal with children who are minors?"

Ms. Eastman: "We try family reunification if it is a run-away situation like the Huckleberry program. If there is abuse in the home, which we would not send them back, or if the young person's behavior is too disruptive, then group home placements like at Diamond Shelter or the LOFT is necessary. Sometime it takes up to six months for appropriate placement. We do not

automatically send minors back into an unstable home environment because we try to figure out why they run away in the first place.”

Ms. Landy: “What happens to youth discharged from a psychiatric hold at the hospital when you have over capacity at your programs?”

Ms. Eastman: “We put them into youth-oriented shelters first. We focus on 16-24 youth, since they do not really fit into the category of children or adult. We are advocating for age specific focus.

Psychiatric Emergency Services (PES) is often at a loss as to where to put recently released youth in this age range because often residential treatment programs are not available or have difficulty working with youth.”

Ms. Virginia Lewis: “I wonder if there is any collaboration as study programs that can be done with graduate students in social work from nearby colleges.”

Ms. Eastman: “We currently take social work graduates to do direct case management.”

Mr. King: “When you have out-of county youth, do you send them back to their counties or keep them in San Francisco?”

Ms. Eastman: “We do not always send out-of-county youth back to their origin counties, because youth leave their counties of origin for specific reasons. If the young person is a minor, we will work with social services from their county of origin. 50% of youth we see are non-Californians. We work with a \$12 million dollar budget and 120 program staff.”

Ms. Wright: “How long can they stay in transitional programs?”

Ms. Eastman: “They have the option to stay up to two years but most only stay one year.”

Mr. Vinh: “I have met street kids. Housing is always a first come first serve basis. Do you have other placements for kids who can not be cared for when your program is over capacity?”

Ms. Eastman: “For minors we work closely with Huckleberry youth programs and Child Welfare, but there are very limited options for shelter for minors. For 18 and over we coordinate with adult shelters. Our goal is not so much of shelter but transitional housing.”

Ms. Fuller: “Can you explain the drop in accessing services at the Haight Street drop-in center? And is there any correlation with the sit-lie regulation?”

Ms. Eastman: “Sit-lie violation is a cruel hoax on young people who have the perception that the Haight Street area is no longer a welcoming environment, due to increased police presence and intervention. Young people get “quality of life” tickets that can have a significant impact on their legal and financial status.”

Ms. Fuller: “Can you talk about young people with pet dogs?”

Ms. Eastman: “Pets are companions and survival necessities for the youth. Dogs often provide warmth when youth are sleeping outside. As youth make the transition to living indoors, educational conversations happen about their continued relationship with their pets -- their ability to



care for their pets and what it will require. We do allow pets in our drop-in centers and shelters, with clear guidelines about how they can be in the space.

### **3.2. Public comment**

No public comments.

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of February 09, 2011 be approved as submitted.

Unanimously approved

**4.2 b PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of March 09, 2011 be approved as submitted.

Unanimously approved

**4.2 c PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of April 13, 2011 be approved as submitted.

Unanimously approved

## **ITEM 5.0 REPORTS**

### **5.1 Report from the Executive Director of the Mental Health Board.**

Ms. Argüelles: "Ms. Brooke will give the report."

Ms. Brooke: "After consulting with Jo Robinson, I would like to announce that board members can participate in the following four CBHS meetings or Committees. I am passing around the sign-up sheet and schedules.

1. 5/17/2011 is CBHS Executive Team Meeting which meets weekly on Tuesday and starts at 11:30 AM at 1380 Howard St., Room 537
2. 05/18/2011 is MHSA Advisory. This is committee meets the 3<sup>rd</sup> Wednesdays of every month from 3:00 PM to 4:30 PM at 1380 Howard St., 4<sup>th</sup> floor conference room..
3. 05/25/2011 is System of Care Quality Improvement Committee (SOC QIC). SOC QIC meets on the 4<sup>th</sup> of every month from 10:00 AM to 11:30 AM at 1380 Howard St., Room 429.



4. 06/03/2011 is CHBS Provider Meeting which meets on the 1<sup>st</sup> Friday of every month at the Bahai Center – 170 Valencia Street.

I am going to ask Jo to talk about these committees.”

Ms. Robinson: “The CBHS Executive team meets monthly to focus on behavioral health issues, to evaluate best practices and to review ideas. For example, when it comes to offering CBHS training programs, we consider using in-house staff or outside consultants. We might choose an in-house psychologist who has in-depth knowledge of community behavioral health issues to give the executive committee a forty-minute training on a best practice. The team then can evaluate the presentation to see if we want this psychologist to train our 30 behavioral health providers.”

## **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: “I would like to thank board members and applicants who attended the town hall meeting by Supervisor Eric Mar. I encourage all of the board members to attend the town hall meetings both of your appointing supervisors and those for your district, and introduce yourself to the supervisors. The more supervisors who know us, the more likely they will listen to our suggestions about mental health and substance abuse. With Mayoral elections coming up there are going to be a lot of events and many will be free. I encourage you to go to those as well.

It is also good if board members can attend various CBHS meetings so that you are aware of current issues. Ms. Brooke passed out a sign-up list for upcoming meetings. If you attend one and would like to attend regularly, you are encouraged to do so.

Now, I would like to give each of the new board members a minute to introduce themselves and share why they wanted to be on the board.”

Ms. Bentley: “I used to work with emotionally disturbed children. Now I am a news editor for an online business.”

Ms. Landy: “My mother has severe mental illness and over the past six months she seems to have become progressively worse. I participated in the NAMI-SF’s family and friends program, and Ms. LaVaughn King encouraged me to join the board. I want to make a difference.”

Mr. King III: “I am a consumer and have first-hand knowledge about mental health issues. I am concerned that the southeast sector community is underserved.”

Ms. Lewis: “I got here through Ms. LaVaughn King. I am here because I have a daughter with bipolar disorder. I believe strongly in the need for quality in services. I am also a research sociologist. I am very familiar with policy analysis. I look forward to working with the board.”

## **5.3 Report by members of the Board on their activities on behalf of the Board.**

Mr. Vinh: “I attended an all-day workshop last week called *Through the Lens of History*, which was about Russian immigrants and their psychiatric trauma being compounded by inter-generational trauma. It was interesting to hear about Russian immigrants who have distrust with psychiatric services. There was a panel of Russian psychiatrists who talked about working with the Russian immigrant population. After listening to both sides, I have gained great insight into the Russian American culture and the compounding effects of inter-generational trauma.”

Mr. Lewis: "I am with MHA-SF's SOLVE (Sharing our Lives: Voices and Experiences) and did "A Night with Stars" performance for 900 people at the Herbst Theater on Van Ness."

**5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

Ms. Bentley: "This morning in the New York Times newspaper there was an article on veteran suicides, and that the VA was determined by the 9<sup>th</sup> circuit court to be ineffective in handling PTSD."

**5.5 Public comment**

No public comments.

**ITEM 6.0 PUBLIC COMMENT**

No public comments.

**Adjournment**

Meeting adjourned at 8:20 PM.

*Presentation: MENTAL HEALTH NEEDS FOR HOMELESS YOUTH power point*

## MENTAL HEALTH SERVICES NEEDS FOR HOMELESS YOUTH

PRESENTATION TO THE MENTAL HEALTH BOARD  
MAY 11, 2011

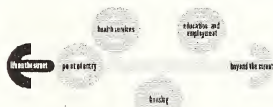
Toby Eastman, LCSW  
Chief of Programs



LARKIN  
STREET

HOMELESS YOUTH

## Continuum of Support



## LSYS Philosophy of Service Provision

- Harm Reduction approach
- Clinical focus of work
- Not a treatment program
- Housing as an intervention
- Focus on Life Skills
- Recovery Model

## Current Clinical Capacity

Clinical team consists of MSWs, LCSWs, MFTs, clinical interns, consulting psychiatrists and peer counselors who provide to staff:

- weekly clinical case reviews
- Individual supervision
- mental health consultation and training

And provide to clients:

- Individual Therapy
- Group Counseling
- Clinical Case Management

### **PREVALENCE OF MENTAL HEALTH ISSUES AMONG HOMELESS YOUTH**

Homeless youth are impacted to a high degree by behavioral health issues. This is due in part both to their unstable histories, particularly in their homes of origin, and to ongoing trauma and stress from living on the streets. Mental health issues, substance use, or a combination of both create additional barriers to exiting street life and making successful transitions to stability.

### **PREVALENCE OF MENTAL HEALTH ISSUES**

One study that examined the mental health of homeless adolescents (ages 13-21) found that two-thirds met criteria for at least one of a group of disorders: conduct disorder, oppositional defiance disorder, attention deficit disorder, major depressive disorder, mania/hypomania, post traumatic stress disorder (PTSD), or schizophrenia.<sup>1</sup>

Comparatively, 26% of the U.S. adult population meets criteria for at least one mental disorder.<sup>2</sup>

### **PREVALENCE OF MENTAL HEALTH ISSUES**

Homeless youth have had traumatic experiences, either in their home environment, on the streets, or both. In a sample of San Francisco street youth, two-thirds met the criteria for post-traumatic stress disorder.<sup>3</sup> There are also high levels of suicidality and suicide attempts; 26% of youth in shelters and 32% of youth on the street have attempted suicide.<sup>4</sup>

### **PREVALENCE OF MENTAL HEALTH ISSUES**

Larkin Street youth report an extensive history of formal mental health care at intake. Almost half of Larkin Street youth report that they have experienced serious anxiety or felt seriously depressed in the previous 30 days. Almost one third of youth have previously been hospitalized for psychiatric reasons.

## Funding Sources

- MHSA
  - Currently 22 units of housing for youth with severe mental illness, moving to 50 units next fiscal year
  - Peer-Based and Supportive Services
  - Mental Health Consultation
- DPH
  - Partnership in primary care clinic-behaviorist model
- HRSA-Federal HIV Services Funding
  - Part-time therapist for HIV+ youth

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1. Gidycz, A. M., Coble, T. C., Wisniewski, N., & Mullen, K. (2000). The characteristics and mental health of homeless adolescents: Age and gender differences. *Journal of Emotional and Behavioral Disorders, 8*(4), 230-239.
2. National Institute of Mental Health. (2006). The numbers count: Mental disorders in America. Bethesda, MD: National Institutes Of Health.
3. Robertson, M. J., & Toro, P. A. (1999). Homeless youth: Research, intervention, and policy. In L. B. Folling & D. L. Dennis (Eds.), *Practical lessons: The 1998 National Symposium on Homelessness Research*. Washington, DC: U.S. Department of Housing and Urban Development/U.S. Department of Health and Human Services.
4. Family and Youth Services Bureau. (1998). Youth with runaway, throwaway, and homeless experiences: Prevalence, drug use, and other at-risk behaviors. In *Compendium of critical issues and innovative approaches in youth services*. Silver Spring, MD: National Clearinghouse on Families and Youth.

## Contact Information

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# Youth Homelessness in San Francisco: 2010 Report on Incidence and Needs

LARKIN  
**STREET**

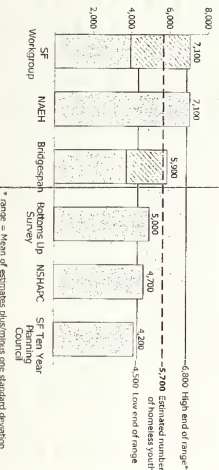
## Introduction

There are approximately 5,700 homeless and marginally housed youth in San Francisco each year who face multiple challenges to self-sufficiency. Although the group is diverse there are common paths to homelessness. The majority of homeless youth have either run away from unstable home environments or have been involved with youth systems of care (foster care, juvenile justice, and mental health). They exhibit high levels of trauma, mental health issues, and substance use issues. They struggle on a daily basis to survive and meet their basic needs. They lack the educational attainment and employment experience that results in living wage jobs. They require assistance to develop the skills they need to become independent, self-sufficient adults. This report provides a snapshot of youth homelessness in San Francisco, the service needs, and Larkin Street Youth Services' response to that need.

## YOUTH HOMELESSNESS IN SAN FRANCISCO

There is an estimated 5,700 homeless and marginally housed youth, ages 12-24, in San Francisco each year. Marginally housed youth are those without permanent stable housing, staying temporarily with friends or family for periods of time.

Estimated Counts of Homeless Youth in San Francisco



The supply of housing services available to homeless youth falls well short of demand. Larkin Street is the leading provider of housing and support services to homeless and marginally housed youth in San Francisco. Between July 2009 and June 2010 Larkin Street provided services to over 3,400 youth, approximately 60% of San Francisco's homeless youth population.<sup>2</sup>

### Program

### Beds

### Average stay (days)

### Youth per year

#### Larkin Street Programs:

##### After Care

##### Assisted Care

##### Avenues To Independence

##### Castro Youth Housing Initiative

##### Diamond Shelter

##### Ellis St. Apartments

##### G House

##### Holloway House

##### Lark Inn

##### LEASE

##### LOFT

##### Route

##### Sub-Total

##### Other Programs:

##### Ark House

##### Huckleberry House

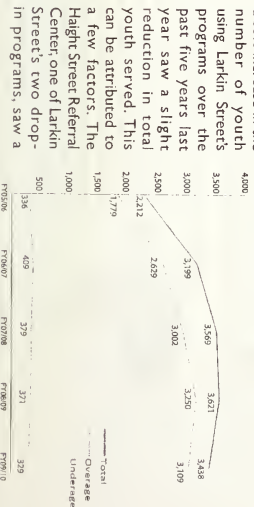
##### MAC's Children & Family Services

##### Sub-Total

##### All Programs

While there has been a 55% increase in the number of youth using Larkin Street programs over the past five years last year saw a slight reduction in total youth served. This can be attributed to a few factors. The Haight Street Referral Center, one of Larkin Street's two drop-in programs, saw a

### Number of Youth Served

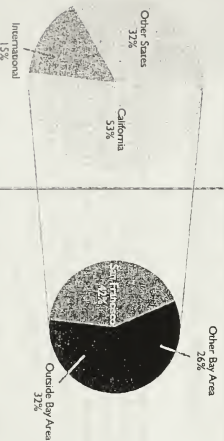


reduction in the number of youth accessing services. This is attributed to a perception among homeless youth that the Haight Street area was no longer a safe or welcoming environment due to proposed policy changes and shifts in neighborhood attitude. The second factor is related to housing availability. Larkin Street has had a commitment to increasing the housing available for homeless youth and in previous years increased housing capacity through the development of new residential programs and expansion in existing programs. Recent funding reductions decreased the number of beds available to youth in existing programs. Finally, the length of time that youth spend in transitional housing has increased 13% over three years. This results in fewer youth being able to access available housing and decreases the number of youth who are able to move from emergency housing into transitional housing.

## WHO ARE THESE YOUTH?

Larkin Street serves the most vulnerable of the homeless population, youth ages 12-24. The majority are transition age youth 18-24. Programs serve more male (64%) than female youth (31%). Five percent of youth are transgender/increase/other gender identification. Youth served reflect the diversity of San Francisco with no single ethnic group comprising a majority of youth served.

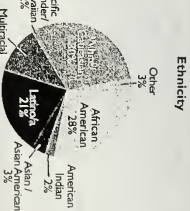
Place of Origin



The percent of White youth receiving services increased slightly from last year while the percent of youth identifying as Multiracial/Other decreased. In comparison to San Francisco youth ages 12-24 Larkin Street serves significantly fewer Asian/Asian American

and significantly more African American youth.<sup>3</sup>

Larkin Street serves youth from across the United States and beyond representing 45 states and 41 foreign countries. Eighty-five percent of youth were born in the United States. Among youth born outside the United States 67% are from Latin America.



The majority of Larkin Street youth are from local communities. Over half of the youth served are from California and approximately 2/3 of these youth are from the Bay Area, which includes the cities of Oakland and San Jose.

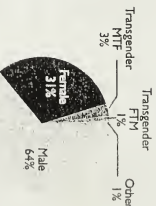
Approximately 3-5% of the U.S. population identifies as lesbian or gay.<sup>4</sup> Research has shown that there is a disproportionate number of lesbian, gay, bisexual, transgender, queer, and questioning youth (LGBTQ) among the homeless youth population. Approximately 1/3 of Larkin Street youth report that they are lesbian, gay, bisexual, or transgender. These youth often

Sexual Orientation



land on the streets of San Francisco because they fled from the discrimination they encountered in their homes or communities based on their sexual and/or gender identity. This is demonstrated by the number of youth from the US who come from outside of California. 43% of LGBTQ youth versus 34% of non-LGBTQ youth. In addition, among California youth, a lower percentage of LGBTQ youth are originally from San Francisco. 29% compared to 47% of non-LGBTQ youth.

Gender



Homeless youth are three times as likely to be a parent, be pregnant or have a pregnant partner than other youth.<sup>5</sup> At intake 9% of Larkin

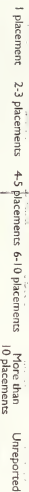


Street youth were pregnant or had a partner who was pregnant and 7% indicate that they were a parent. In addition youth also become pregnant or a parent while in services. Living on the street compromises the health of pregnant youth and their yet-to-be born children. Young families face additional barriers to housing stability including a lack of programs designed to meet their unique needs and the additional financial burden of childcare in order for parents to be able to work or attend school.

## PATHS TO HOMELESSNESS

There is a disproportionate representation of foster youth among the runaway population (46%), as compared to the general population (0.23%).<sup>8</sup> Almost half of Larkin Street youth spent time in an out-of-home placement, this includes foster care and group homes. The average number of placements was seven and the average time spent out of the home was approximately five years. Within California the average number of foster care placements per youth is three.<sup>7</sup> Youth with five or more foster care placements experience the worst outcomes after leaving the system. Approximately 37% of Larkin Street youth have had at least five placements.

### Number of Out-of-Home Placements

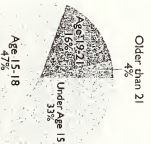


Eighty-three percent of youth report they were in placement as adolescents and of these youth 51% report they emancipated, or aged out, when they reached age 18. Youth who emancipate from foster care are less likely than youth in general to graduate from high school or college. They are also more likely to experience serious mental health problems, experience homelessness, and to be involved in the criminal justice system.<sup>9</sup>

A large number of Larkin Street youth have some degree of previous involvement with the criminal justice system. Youth involved with the juvenile justice system are more likely to report unstable housing.<sup>9</sup> In particular, reintegration after exit from juvenile detention is difficult.

More than half of Larkin Street youth report that they have been arrested. Fifty percent of these youth report being arrested within the past year and 12% within the last 30 days. For younger youth many of these arrests are probably due to status offenses, behaviors that are crimes solely due to age, such as running away or underage alcohol consumption. Status offenses were committed by an estimated 45% of juvenile offenders.<sup>10</sup> For others, many of the arrests likely stemmed from activities associated with daily survival such as panhandling, loitering, or sleeping outdoors. The average age at first arrest for Larkin Street youth is 16 and 81% had been arrested by the age of 18. The average number of arrests is five.

### Age-First Arrest

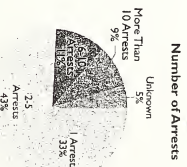


Over a third of youth have spent time in jail. 52% of them within the last year, and 14% in the last month. Most youth have been in jail more than once, with an average of three stays. Average age of first incarceration is 17. Two percent of youth report spending time in prison.

## PRESENTING ISSUES AND NEEDS

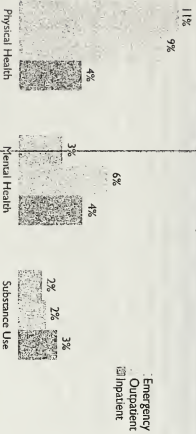
### Health

Homeless youth have greater medical needs than their housed peers. This is due largely to exposure from sleeping outside, lack of food, and irregular sleep. Homeless youth are at high risk for a number of health problems including hepatitis, asthma, pneumonia, nutritional disorders, and skin infections.<sup>11</sup> They also have limited access to medical and dental care.



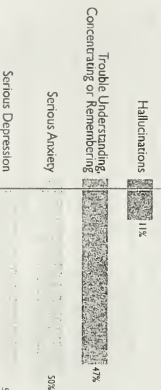
Almost a quarter of youth report their health to be fair or poor at intake. Almost half do not have health insurance. Twelve percent report using emergency medical services (physical, mental health, or substance use related) in the previous 30 days.

### Medical Care in the 30 Days Prior to Intake



Larkin Street youth are dealing with mental health and substance use issues of varying degrees. This is due in part both to their unstable histories, particularly in their homes of origin, and to ongoing trauma, instability, and stress from living on the streets. As a result many are dealing with trauma, depression, anxiety, or another mental health issue. Larkin Street youth experience a high degree of mental health issues and have an extensive history of formal mental health care at intake.

### In the Past 30 Days Have You Experienced...?

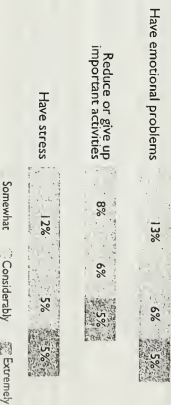


Adolescence is a time of experimentation, and it is not uncommon for youth to experiment with substance use, regardless of their living conditions. However, homeless youth are exposed to a larger range of illicit drugs on the street and presented with greater opportunities for use. Many youth use substances as a way to cope with life on the street or as a way to self-medicate for their mental health issues.

Larkin Street youth report a high degree of substance use, as well as an early age of first use.

Many youth recognize the impact that their substance use has on their daily lives. At intake 49% report that they have tried to stop using, and nearly 1/4 report that they have been in substance use treatment.

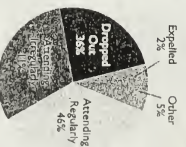
### Has Your Use of Alcohol or Drugs Caused You To...?



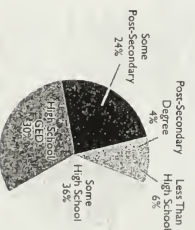
### Education and employment

A large number of homeless youth have not had positive education experiences or the opportunity to complete high school. In the United States 75% of youth ages 18-24 have a high school diploma or equivalency. Over 40% of Larkin Street youth age 18 or older do not have a high school diploma. Thirty-five percent of California youth who drop-out of high school never attain a diploma or complete their GED.<sup>12</sup>

#### School Attendance at Intake



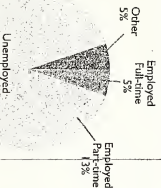
#### Education Level at Intake



Not completing high school limits a youth's employment options and earning potential. On average, an individual with a high school diploma earns at least \$6,000 more a year than an individual without a diploma, and those with a college degree earn more than twice as much annually than those with only a high school diploma.<sup>13</sup>

Sixty-five percent of Larkin Street youth are not enrolled in an education program at intake. Among youth age 18 or under, 40% report not being enrolled in school and 36% that they have dropped out.

Finding and maintaining employment is difficult for homeless youth who have limited education and employment experiences. The lack of a stable address adds to these challenges. Nationally 48% of 18-24 year-olds are employed full-time.<sup>14</sup> In comparison only 5% of Larkin Street youth are employed full time. The majority of youth served by Larkin Street want to work. While 77% of youth report being unemployed at intake, 87% of these youth are actively looking for work.



Among youth who reported income in the past 30 days only 14% received this money through some form of employment (including part-time, full-time, casual,

and temporary). Fourteen percent earned income through non-legal means, and 19% through public assistance. Average monthly income was \$432, 12% less than the average amount earned last year by youth. The fair market rate of a studio apartment in San Francisco is \$1,078.<sup>15</sup>

## LARKIN STREET CONTINUUM OF SERVICES

Homeless youth need a range of services to help them transition from the street. Larkin Street provides a comprehensive continuum of services that includes multiple entry points, housing, and support services.

## POINT OF ENTRY

Outreach and drop-in centers serve as an introduction to the full range of services available for youth. It also provides for trust and relationship building, an essential first step to getting youth off the streets.

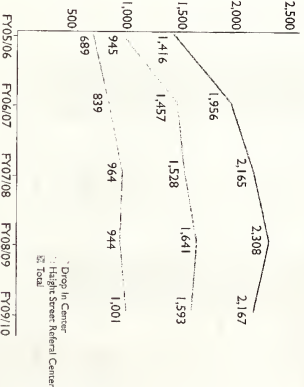
Outreach is one of the main ways that we reach homeless street youth, these youth tend to have been on the street for longer periods of time and are more integrated into the street culture. Last year outreach workers had 10,968 contacts with youth on the streets throughout

San Francisco. They provided basic necessities, like water and socks, as well as referrals to services.

The two drop-in centers served 53% more youth last year than they did five years ago, providing services to over 2,000 youth. The drop-in centers provide food, counseling, case management, and referral services. There is a focus on relationship building and assisting youth in accessing additional services.

The two drop-in centers served an average of 52 youth per day and provided almost 30,000 counseling session. The Drop-In Center provided 1,364 case management sessions and Haight Street Referral Center made 3,390 referrals to additional services.

## Number of Youth Utilizing Drop-In Services

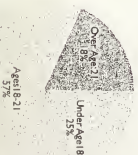


## RESIDENTIAL PROGRAMS

### Emergency Housing

Emergency short-term housing is often the first step in the stabilization process for homeless youth. The main focus is to provide immediate safety and stability for youth while simultaneously engaging them in case management services to address

## Age Youth Became Homeless



the additional issues that may be impacting their ability to obtain and maintain housing.

Diamond Youth Shelter provided emergency, short-term housing to 116 youth ages 12-17. Seventy-one percent of youth exited the shelter and transitioned to a positive living situation, this includes group homes, transitional housing programs, and family reunification.

In the last year Lark Inn provided 12,612 nights off the street to 315 youth ages 18-24. Eleven percent of those youth were homeless by the age of 18, an additional 42% before the age of 21. The program provided 8,349 counseling sessions and 2,054 independent living skills sessions. Seventy-three percent of youth exited the shelter and transitioned to a positive living situation including transitional housing or an independent living situation.

### Transitional Housing

Transitional housing provides longer-term housing for youth. The guiding philosophy for transitional housing programs is to create an environment that closely mirrors real life, while also providing a safety net for youth that facilitates development of independent living skills. Youth work collaboratively with Case Managers to develop goals and create individualized case plans to achieve these goals.

There are two types of transitional housing offered by Larkin Street: congregare and community-based housing. Congregare housing is a single site housing model, youth live in either a home or dorm-type setting. In community-based housing youth are either housed in individual apartments located in various building or in multiple units located in one building.

### Congregate Housing Programs

The LOFT (Larkin Opportunities For Transition) is designed to meet the unique needs of homeless and runaway youth ages 15-17. Last year the LOFT provided almost 5,000 counseling sessions. Forty-one percent of the youth served at the LOFT were Latino/a,

### Length of time since youth had a reliable place to sleep

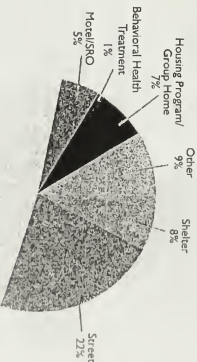
Length of time	%
Up to 3 months	50%
3-6 months	7%
6-12 months	21%
1-2 years	9%
2-3 years	4%
3-5 years	5%
5-10 years	3%
10 or more years	2%

and 30% reported Spanish as their primary language. Among youth who exited the program 83% transitioned into a stable living situation.

Avenues to Independence, the agency's oldest non-specialized transitional housing program, provided 7,017 individual independent living skills sessions to youth ages 18-24 last year. There were an average of approximately 55 case management sessions provided per month. Among youth who exited the program 93% made a transition to stable housing.

G House, Larkin Street's largest congregare program, provided an average of 395 individual counseling sessions per month to youth ages 18-24. Approximately 70% of unemployed youth linked to Hire Up found employment. Among youth who exited the program 74% made a transition to stable housing.

### Living Situation 30 Days Prior to Intake



Holloway House serves former foster care youth ages 18-24. Last year the program provided over 900 individual independent living skills sessions and approximately 500 case management sessions.

Among youth who exited the program 85% made a transition to stable housing.

Assisted Care provides housing for HIV-positive youth ages 18-24. The program provided

an average of 29 individual counseling sessions a day. All youth received medical services, approximately 75% at a Larkin Street clinic. Among youth who exited the program 70% made a transition to stable housing.

#### Community Based Housing

**LEASE (Larkin Extended Aftercare for Supported Emancipation)** is a scattered-site residential program for youth, ages 18-24, who have emancipated from the foster care system. The program provided over 200 individual counseling sessions to youth each week. Seventy-four percent of youth were employed. Among youth who exited the program 81% made a transition to stable housing.

**Castro Youth Housing Initiative** is specifically designed to meet the needs of lesbian, gay, bisexual, transgender, and questioning youth ages 18-24. The program provided an average of 87 case management sessions and 147 individual independent living skills sessions each month. Among youth who exited the program 89% made a transition to stable housing.

**Routz** serves youth ages 18-24 with serious mental health issues. The program provided 6,906 individual counseling sessions and 3,451 independent living skills session last year. Eighty-two percent of participants maintained stable housing.

**After Care** provides housing and case management services to HIV-positive youth ages 18-24. The program provided 1,401 case management and 3,525 individual independent living skills sessions last year. Seventy-two percent of youth housed with the After Care program received medical services through a Larkin Street clinic. Among youth who exited the program 71% made a transition to stable housing.

#### Permanent Youth Housing

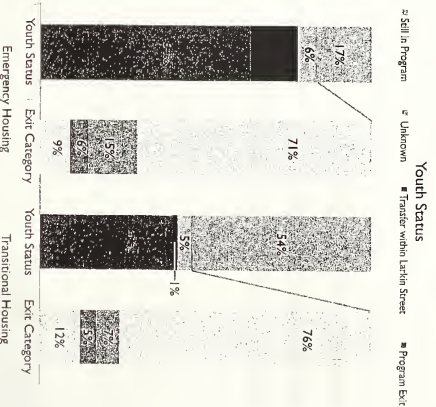
**Ellis Street Apartments** provides permanent affordable housing to youth who are in need of longer-term housing support. It provides a high level of independence as well as a safety net. Unlike adult permanent housing, youth are encouraged to move on from the program. Eighty percent of youth participated in voluntary case management.

#### SUPPORT SERVICES

Larkin Street provides a range of support services to address issues that are barriers to self-sufficiency including case management, education, employment, medical, and behavioral health services.

**Case Management** assists youth to develop both short- and long-term goals, as well as to set a plan to reach them. Case Managers help youth to navigate systems to access the services and supports they need in order to reach their goals.

#### Youth Transitions from Residential Programs



#### Education and Workforce Development

The **Hire Up** program provides both educational and workforce development services. Educational services include tutoring, GED assistance, adult basic education, and college counseling. Workforce development services include job readiness services, job placement, and career development services. Last year the program served 1,117 youth.



#### Services Provided:

- 589 youth accessed the computer lab
- 108 youth attended the on-site school
- 157 youth attended GED preparation class
- 265 youth received individual college counseling
- 194 youth participated in Day Labor
- 605 youth received employment case management
- 157 youth participated in Job Readiness Class
- The Arts Program conducted 629 groups

#### Outcomes:

- 80% of youth who attempted a GED test component were successful
- 76% of Job Readiness Class graduates obtained employment
- 124 youth registered for college or post-secondary classes
- 109 job placements were made

#### Health Services

There were 2,869 clinic visits provided to 712 youth at the Larkin Street Clinic. Fifty-five HIV-positive youth received medical services through the Specialty Clinic located at the Assisted Care Program.

Mental health and substance use assessments were conducted with 972 youth. There were approximately 13,280 individual mental health counseling sessions provided to 691 youth across the continuum. Substance use services were provided to 966 youth who participated in 154 groups and over 11,150 individual sessions.

There were 514 HIV testing and counseling sessions provided and 1,018 youth who participated in HIV prevention services. There were 14,699 individual HIV prevention counseling sessions provided to youth throughout the continuum. Among youth who participated in HIV prevention services 91% said they learned ways to reduce their risk of HIV infection.

#### KNOWLEDGE LEADERSHIP

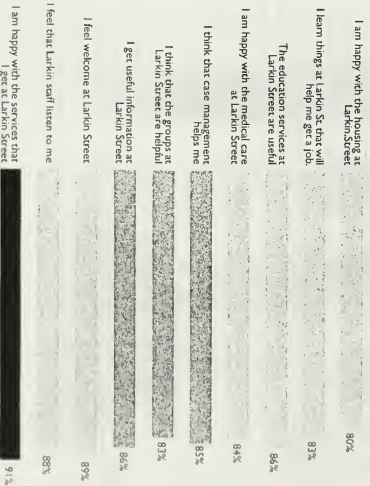
Larkin Street is committed to sharing knowledge with both other service providers to influence best practices in service delivery and with policymakers to impact the development of sound public policy related to homeless youth.

#### Last year Larkin Street:

- Provided 16 conference presentations in 8 states. Topics included housing/homelessness, program evaluation, HIV/AIDS, LGBTQ youth, nonprofit management, and workforce development.
- Provided technical assistance to other services providers through 44 community presentations and trainings.
- Added four new publications related to the issues and needs of runaway and homeless youth to the agency's growing resource library.

#### How youth feel about Larkin Street

Overall youth report high satisfaction with services, the environment, and the agency as a whole. For these youth, many have found the stability and support at Larkin Street that has been absent in their lives.



## The best thing about Larkin Street is...

Not sleeping outside

As long as Larkin is open I never go hungry

made you with your talent and help  
you get a job, shelter, and have a chance  
to live with your family



The housing and shelter it provides for  
homeless and at-risk youth

They will try to help me to reach their goals

They were there to help me when no one else was

The staff listens and treats clients with respect

from you the best you can be

The chance to have a life

... if you just choose to use the services,  
you can turn your life around  
for the better



## Conclusion

Larkin Street is committed to using the information we collect through the course of service provision to inform service delivery, inform the field, and impact policy. Contribution to the field through dissemination activities such as technical assistance and publications increases the knowledge base of providers and supports the development of sound programs. This helps to ensure that homeless youth have the greatest opportunity for long-term independence and self-sufficiency. There is, however, a lack of financial support for program evaluation and dissemination activities within social service settings. In order to develop a strong field of service providers attention and resources must be dedicated to these efforts. This should include increasing organizational capacity to conduct ongoing internal program evaluation and become more data driven in addition to funding for external program evaluation and large scale research projects.

The two most common reasons for youth homelessness are family issues and systems failure. Efforts to reduce youth homelessness must include prevention services for families and systems reform, particularly the



child welfare and juvenile justice systems. Homelessness prevention strategies include family preservation counseling to prevent runaway behavior and intensive in-home services to keep youth out of the child welfare system. One aspect of systems reform is improved transition planning for youth exiting systems of care. The first comprehensive national strategy to address homelessness developed this year by the federal government included a goal to improve discharge planning for youth leaving systems of care to improve housing outcomes and reduce homelessness. Increased focus on prevention services and improved transition planning will reduce the number of youth on the streets.

The housing available for homeless youth across the country is insufficient to meet the demand. Last year Larkin Street served over 3,400 youth through its full range of comprehensive services, approximately 60% of the San Francisco homeless youth population. However, the agency was only able to provide housing to 701 youth. The Family and Youth Services Bureau of the Department of Health and Human Services administers the main federal program dedicated to youth housing and homelessness, the Runaway and Homeless Youth Act. While the program has demonstrated success it is limited in scope and capacity. In fiscal year 2008 the Basic Center program, which provides emergency housing for youth under the age of 18, served 42,167 youth. The Transitional Living Program, which serves youth 16-21, served only 3,554 youth.<sup>16</sup> This does not come close to reaching the estimated need at the national level.

A range of housing options are necessary to meet the diverse needs of homeless youth and give stability to their lives. Emergency housing has minimal barriers to entrance and provides initial stabilization for youth. Youth served through transitional housing programs have better outcomes than youth who only access emergency housing. Transitional housing programs provide youth with a more intensive level of services for a longer period of time, better preparing them for independence upon exit. Additional resources must be identified in order to increase the amount of both short-term emergency housing and transitional housing available to homeless youth. Providing housing now will prevent youth from becoming the next generation of chronically homeless adults.



## References

- 1 Larkin Street Youth Services analysis based on existing data sources and provider interviews. Source: National Alliance to End Homelessness (2006); Aron and Sharkey (2002); San Francisco Workgroup on Homeless and Runaway Youth (2005); San Francisco Ten Year Planning Council (2004); Bridgespan analysis (Dec '05); service provider interviews
- 2 Unless otherwise noted data source is Larkin Street client database. Data set comprised of youth served and services provided 7/1/00-6/30/10. Intakes are not completed with all youth therefore data subsets may not include total population of youth. Only valid responses included unless exception is noted. Totals may be greater than 100% due to rounding.
- 3 State of California, Department of Finance, E-3 Race/ethnic population estimates with age and sex detail, 2000-2007, Sacramento, CA, May 2009.
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- 14 Rouse, C. E., & Barrow, L. (2006). U.S. elementary and secondary schools: Equalizing opportunity or replicating the status quo? *The Future of Children*, 16(2), 99-123.
- 15 Rumbaut, R. G. (2004). Young adults in the United States: A profile. University of California - Irvine.
- 16 National Low Income Housing Coalition. (2010). Out of reach 2010 - San Francisco. Retrieved November 23, 2010, from National Low Income Housing Coalition <http://www.nlihc.org/oor/>
- 16 National Network for Youth. (2009). Runaway and Homeless Youth Act Appropriations. Washington DC: National Network for Youth.

Since 1984, Larkin Street Youth Services has been committed to helping San Francisco's most vulnerable youth ages 12-24 move beyond street life.

This commitment has fueled the development of a comprehensive continuum of services that is nationally recognized as a model of innovative and effective care.

We offer stability, safety and the opportunity for a better life.

**For Additional Information Contact:**

**Dina Wilderson, PhD**

Chief of Research and Evaluation

Larkin Street Youth Services

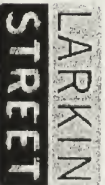
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[dwilderson@larkinstreetyouth.org](mailto:dwilderson@larkinstreetyouth.org)

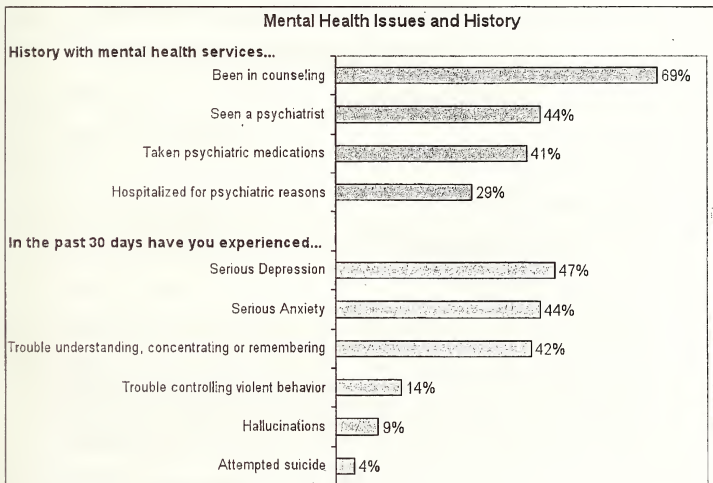
**[www.larkinstreetyouth.org](http://www.larkinstreetyouth.org)**



## Youth History: Presenting Mental Health and Substance Use Issues

### Mental Health

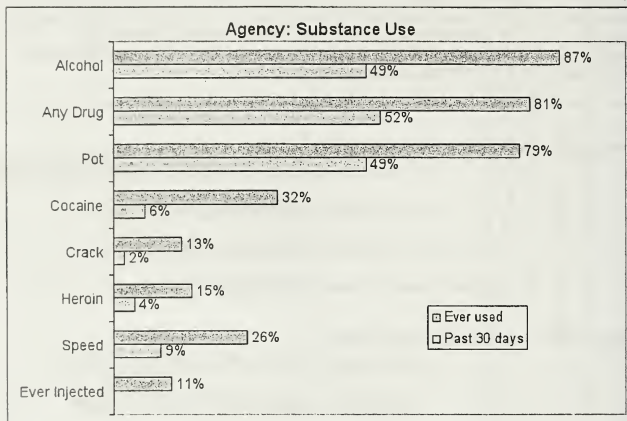
At intake, youth were asked about their history with mental health services and 69% reported having been in counseling at some point in their lives, 44% had seen a psychiatrist and 41% had taken psychiatric medications. Twenty-nine percent of youth reported having been hospitalized for psychiatric reasons. The mental health intake also asks specifically about symptoms in the past 30 days. Nearly half (47%) reported experiencing serious depression and more than two in five reported serious anxiety (44%) and/or trouble understanding, concentrating or remembering (42%) in the previous 30 days. Four percent of youth reported attempting suicide in the 30 days preceding intake.



Youth at Ellis, CYHI, Assisted Care, Lark Inn, and ATI reported histories of psychiatric treatment at higher levels than other programs including psychiatric care, hospitalization, and medication. Over half of youth at Lark Inn, CYHI, After Care, Routz, and Assisted Care reported experiencing serious depression and/or serious anxiety in the past 30 days. In six agency housing programs (Diamond, Routz, CYHI, Larkin, G-House and After Care), youth reported a suicide attempt in the past 30 days. LOFT, LEASE, G-House, Holloway and Diamond appeared to have youth with the least severe presenting mental health challenges.

### Substance Use

At intake, 83% of youth reported using drugs and 87% reported using alcohol at some point in their lives. One in five (20%) of youth reported having participated in a substance use treatment program at least once in the past. Following are reports of substance use ever and in the 30 days prior to intake:



The programs serving youth with the highest incidence of drug use (ever) were: Assisted Care (97%), Routz (94%), After Care (91%), and HSRC (87%). After Care and Assisted Care also had the highest incidence of youth who had ever used injection drugs (37% and 25%, respectively). LOFT, LEASE, G-House, ATI and Holloway had the lowest percentage of youth (less than 20%) reporting a history of hard drug use (cocaine, crack, heroin, speed).



## SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, June 8, 2011  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
6:30 – 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

#### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

#### Item 3.0 PRESENTATION: HOMELESS OUTREACH TEAM, RAJESH PAREKH, MD, RANN PARKER

For discussion.

3.1 Presentation: Homeless Outreach Team, Rajesh Parekh, MD, Rann Parker

3.2 Public comment

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#### **Item 4.0 ACTION ITEMS**

For discussion and action.

##### **4.1 Public comment**

4.2 a PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of May 11, 2011 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the Department of Public Health to maintain sufficient services to prevent vulnerable San Franciscans from suffering the loss of critical services.

#### **Item 5.0 REPORTS**

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

#### **Item 6.0 PUBLIC COMMENT**

#### **ADJOURNMENT**

## **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

## **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

## **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sott@sfgov.org](mailto:sott@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **[www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics)



# SAN FRANCISCO MENTAL HEALTH BOARD

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Gavin Newsom  
Mayor

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## MENTAL HEALTH BOARD

June 8, 2010

### Attachment A

**RESOLUTION (MHB- 2011-03): THAT THE MENTAL HEALTH BOARD URGES THE DEPARTMENT OF PUBLIC HEALTH TO MAINTAIN SUFFICIENT SERVICES TO PREVENT VULNERABLE SAN FRANCISCANS FROM SUFFERING THE LOSS OF CRITICAL SERVICES.**

WHEREAS, San Francisco is facing a projected deficit for FY 2011-12 of more than \$380 million dollars, a shortfall so enormous that the resulting budget reductions are likely to result in the elimination of many programs and the bankruptcy of many community based organizations; and,

WHEREAS, Community Behavioral Health Services has spent years building a strategic, cost-effective system of care with a focus on community-based treatment; and,

WHEREAS, a clear strategy and principles are necessary to address the City's short-term fiscal crisis; and,

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans; and,

WHEREAS, the Mental Health Board believes that the City has a moral or ethical duty to care for those people who are ill, suffering, in trouble, and in need; and,

WHEREAS, budget cuts to Community Behavioral Health Services will likely expose the City to increased costs through a rise in crime, homelessness, and utilization of emergency medical services while failing to provide humane treatment and the hope of recovery to residents with mental illness; and,

WHEREAS, the success of Community Behavioral Health programs have shown that with adequate and proper treatment, people can recover, and break the destructive cycle linked to mental illness and substance abuse; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Department of Public Health to maintain sufficient services to prevent vulnerable San Franciscans from suffering the loss of critical services; and,

BE IT FURTHER RESOLVED that the City actively seek new revenue sources in the form of fees or other sources of revenue.

# SAN FRANCISCO MENTAL HEALTH BOARD



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Mayor

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## Unadopted Minutes

Mental Health Board

Wednesday, June 08, 2011

City Hall, Room 278

San Francisco, CA

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**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Ellis Joseph, Secretary; Linda Bentley; Kara Chien ; Inspector Kelly Dunn; Noah King III; Alyssa Landy; David Lewis, Ph D; Virginia S. Lewis, LCSW; Errol Wishom; and Virginia Wright.

**BOARD MEMBERS ON LEAVE:** Lynn Fuller, Vice-Chair

**BOARD MEMBERS ABSENT:** None

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Supervisor Scott Wiener; Michael Wise, Pathway to Discovery; Ralph Fenn, MD., Family Service Agency (FSA); Anthony Galletta, LaVaughn King; Leann Simpson, SOLVE; and five other members of the public.

## CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:30 PM. I want to welcome our newest board member, Kara Chien, appointed by Supervisor Kim to a public interest seat. Later in the meeting I will ask each of you to say a few words about yourself and why you wanted to be on the board."

## ROLL CALL

Ms Brooke called the roll.

## AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

## ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

Ms. Robinson: "On June 24, 2011 CBHS will soon loose a dedicated 35 year veteran named Sai-Ling. Programs with less than \$1 M operating budget have been restored by Mayor Ed Lee. He also restored all residential programs.

The State budget has not been allocated yet because there is no set formula. I will attend the State Division meeting tomorrow in Sacramento and will let the board know more.

Wednesday Jun 15, 2011 is the next MHSA Advisory Board meeting starting at 3 PM at Richmond Area Multi-Services, Inc. (RAMS) Hire Ability on 1234 Indiana Street."

*Please see the attached June 2011 Director's report.*

### **Monthly Director's Report** **June 2011**

#### **1. Sai-Ling Chan-Sew is Retiring**

Sai -Ling Chan-Sew has been a very valuable member of Community Behavioral Health Services for the last thirty years. She began her career at Chinatown Child Development Center. Sai -Ling reports she was in the best shape ever climbing the hills around Russian Hill to visit families in their homes and at school. She became the Director of Chinatown Child Development Center in the 1980s. She expanded their programs and become an active member of the Chinatown community. In the mid 90's, Community Behavioral Health administration recognized Sai-Ling's talents and extraordinary commitment to San Francisco families and promoted her to Assistant Director and subsequently to Director of the Child, Youth and Family Division of Community Behavioral Services.

The Child, Youth and Family Division grew exponentially under Sai-Ling's leadership. She forged alliances with other child serving departments bring comprehensive mental health services to foster care children and juvenile offenders. Under Sai-Ling's leadership, Child, Youth and Family Division was able to decrease its out of home care population from 30 to 4. This was done through her tireless effort to bring innovated interventions such as wrap around programs and other evidenced based practices the CYF System of Care.

Sai-Ling leaves behind a legacy of integrity, commitment and compassion in providing services to our most vulnerable population-the children and youth of San Francisco. Thank you Sai-Ling for your dedication, and for the years of services that you so gracefully provided to the citizens of San Francisco; you will be missed.

#### **2. California Mental Health Services Authority (CalMHSA) Awards Suicide Prevention Contracts**

CalMHSA recently announced that it will begin contract negotiations for the fulfillment of suicide prevention services with providers who were awarded the Suicide Prevention contract.

**Congratulations to San Francisco Suicide Prevention**, who was one of ten California agencies selected by CalMHSA. As one of the lead agencies, San Francisco Suicide Prevention will implement a regional effort to make a broader range of additional services available to clients by exchanging expertise and technologies. The other nine providers include, Didi Hirsch Psychiatric Services, Transitions Mental Health Association, North Bay Suicide Prevention Project, Family Services Agency of Marin, Family Services Central Coast, Kings View Suicide Prevention Program, Institute on Aging Center for Elderly Suicide Prevention, AdEase, Inc., and Living Works Education, LP.

Developed under the Mental Health Services Act, Suicide Prevention Statewide Prevention and Early Intervention, is one of three statewide projects administered by CalMHSA. Awardees will provide prevention services to clients throughout California. They will also serve as the focal point for statewide suicide prevention activities, including working to reduce service gaps, creating a social marketing campaign, expanding the number and capacity of accredited local suicide prevention hot lines and warm lines, and developing program curricula that will address professionals across systems and disciplines.

For additional information about San Francisco Suicide Prevention, please contact Eve Meyer at [evem@sfsuicide.org](mailto:evem@sfsuicide.org).

3. **State Department of Health Care Services award 2011 Quality Award for Medi-Cal Managed Care Program to Family Mosaic Project**

On May 26, 2011, Toby Douglas, Director of the Department of Health Care Services, presented the 2011 Quality Award to Family Mosaic Project, City and County of San Francisco Department of Public Health, to acknowledge their outstanding contribution to quality improvement in the Medi-Cal Managed Care Program through innovation in establishing customized performance measures and quality improvement projects relevant to the plan's special population of children and adolescents.

4. **Lenora Oliver-Williams, a member of the Family Involvement Team at the Children's System of Care Program, received a national award at the CANS conference in May 2011**

Ms. Lenora Oliver-Williams, a member of the Family Involvement Team at the Children's System of Care program, was recently given a national award. Ms. Oliver-Williams was named the 2011 CANS Parent/Advocate of the Year by the John Praed Foundation. In presenting the award, the Foundation noted that her work in advocacy for Caregiver and Youth empowerment in behavioral health care set a standard for systems across the nation. Ms. Oliver-Williams worked to develop a curriculum to teach clinicians how to create a more collaborative, empowering relationship with families receiving services in the behavioral health system

5. **Nate Israel, PhD, of the Quality Improvement Team for Community Health Programs, received System Outcome Champion award at the CANS conference in May 2011**

Nate Israel, PhD, of the Quality Improvement Team for Community Health Programs, was recently honored at the 2011 CANS national conference. Dr. Israel was awarded the System Outcome Champion of the Year by the John Praed Foundation. He received the award as a

representative of the work that San Francisco Department of Public Health have done to improve the quality of care for children and families, especially in the area of looking for ways to collaborate with and empower youth and families in understanding and meeting their behavioral health and wellness goals.

#### 6. State Releases Findings on MHSA Community Services and Supports

The statewide evaluation brief of the Mental Health Services Act (MHSA) provides a summary of the impact of Community Services and Supports (CSS) programs in terms of consumer outcomes. The seven key consumer outcomes include: 1) Homelessness/living situation; 2) Acute psychiatric hospitalization; 3) Arrest/incarceration; 4) Physical health emergency; 5) Education; 6) Mental health functioning/quality of life; 7) Employment. The outcomes are summarized below.

1. Participation in Community Services and Supports (CSS) programs is strongly associated with reductions in **homelessness**. Overall, the number of days spent homeless decreased for transition age youth (TAY) and adults. With these reductions came additional improvements in residential outcomes.
2. CSS program participation is linked to reductions in **acute psychiatric hospitalizations**. The number of hospital episodes for mental health emergencies decreased across all age groups.
3. Participation in CSS programs showed a decrease in **arrests and incarcerations** for TAY, adults, and older adults.
4. There is an overall trend of reductions in **physical health emergencies** during CSS program participation across all age groups. However, since supporting evidence is limited, an association between CSS program participation and reduced physical health emergencies cannot be confirmed at this time.
5. There are positive trends in **education** in terms of school discipline events and improved academic performance for children and youth participating in CSS programs. However, an association between CSS participation and improvements in education cannot be asserted at this time because supporting evidence is limited.
6. Participation in CSS programs shows an overall trend toward improved **mental health functioning** and **quality of life** for adults and older adults. However, because supporting evidence is limited, an association between CSS participation and improvements in education cannot be confirmed at this time.
7. In regard to **employment** outcomes for TAY, adults, and older adults participating in CSS programs, there appears to be little to no change.

#### 7. CMHIPC June 2011 Meeting-Burlingame

CA Mental Health Planning Council's June 2011 quarterly meeting will be held in San Mateo County, Burlingame at the Embassy Suites SFO Burlingame, June 15-17, 2011. The following documents are to be distributed:

1) Public Notice (See Attachment 1, Page 4); 2) Agenda (See Attachment 2, Page 5-7); 3) Public Comment Form (See Attachment 3, Page 8)

For more information, contact:

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

No public comments

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

Ms. Robinson: "I have some exciting news about MHSA. Hotel Richardson with 12 beds in Hayes Valley is opening up this September."

Mr. Wishom: "How do people go about accessing Richardson beds?"

Ms. Robinson: "Clients who have intensive needs requiring full wrap-around services are being given priority. Eligibility is for full-service partnership clients who already participate in Intensive Case Management."

### **2.2 Public comment**

Mr. Goleta: Anthony Goleta asked if Richardson Hotel is part of Mercy housing.

Ms. Robinson: "No."

Mr. Wise: Michael Wise announced to the board about the art display created by Central City clients, showing in the lower level of City Hall until August 2011.



Ms. Simpson: Leann Simpson mentioned that she participates in SOLVE. She personally had experienced a four-point restraint when she was admitted to Psychiatric Emergency Services (PES) at San Francisco General Hospital. She was advocating for changes in PES.

### **ITEM 3.0 PRESENTATIONS: HOMELESS OUTREACH TEAM, RAJESH PAREKH, MD; RANN PARKER.**

Ms. Argüelles: "With us tonight is Supervisor Scott Wiener."

Supervisor Wiener: "I want to say thank you for your work with the Department of Public Health. Every budget season we go through a difficult process such as elimination of psychiatric beds. I just want to stop by to say thank you for being part of the MHB. Thank you for your services. Mental health issues are a challenge for the community. There are so many interrelated issues connected to mental health. Addressing mental health issues is an important and critical component in our health safety net. Budget cuts in mental health is very painful for the community."

#### **3.1. Presentation: Homeless Outreach Team, Rajesh Parekh, MD; and Rann Parker.**

*Please see the handouts at the end of the minutes.*

Ms. Argüelles: "I would like to introduce Dr. Rajesh Parekh and Rann Parker from the Homeless Outreach Team.

Dr. Rajesh Parekh is a board-certified psychiatrist who received his medical training at the Mount Sinai School of Medicine and his psychiatric training at the University of California Irvine Medical Center. He later completed a Public Psychiatry Fellowship at Columbia University's College of Physicians & Surgeons. His work as a psychiatrist began in 1999 in New York City, at the Fort Washington Men's Shelter. Dr. Parekh moved to the Bay Area in 2004, and started working at San Francisco's Department of Public Health in March 2004. He was a founding member of the Department's San Francisco Homeless Outreach Team (May 2004), and served as the Team's Director from August 2005. In November 2007, the Department of Public Health merged SF HOT with two Intensive Case Management teams to form the San Francisco Fully-Integrated Recovery Services Team; Dr. Parekh has served as the team's Director since. The philosophies of Harm Reduction, Housing First and Recovery have been integral to his medical practice, and he has promoted these concepts through his work, through trainings, and through systems-change advocacy."

Dr. Parekh: "Thanks so much for the warm welcome.

We are a fully-integrated recovery services organization with the following divisions: the Homeless Outreach Team (HOT), Intensive Case Management (ICM), Recovery and Community Integration (RCM) and the San Francisco Public Library Outreach Team (SFPL-OP).

There is lots of homelessness in San Francisco, and people become homeless for many reasons. The HOT team daily does outreach and always attempt to engage with people who are homeless in a non-confrontational way. We provide assistance ranging from supportive housing to procuring supplemental security income (SSI) to providing medical and mental health services to assisting



family reunification to supporting education and employment. Because our peer interns, who were homeless once, can relate to homeless people's circumstances, these peer interns often have a better connection with homeless people.

The number of homeless people in Golden Gate Park has dropped by 80%. Before the old Trans-Bay Terminal was relocated, there were about 100 homeless people who had lived there for about 20 years!

We closely collaborate with Community Awareness Treatment Services (CATS). We have hired former clients, ex-prisoners and homeless people to assist unengaged homeless people by helping them navigate community resources. During our outreach deployments, I often carry medications and medical supplies with me to triage people.

We have been challenged by the language barrier. The CATS team and the Multi Cultural Team have a few linguists. Our staffing includes two linguists who are proficient with Mayan dialects. We also have bilingual Spanish and English staff.

We have stabilization rooms, shelter beds and transportation services. Over the course of seven years, the HOT team has placed about 1,102 people in permanent housing, and we have averaged about 20 permanent housing placements per year.

The most vulnerable homeless people often have severe multiple disabilities, and we always strive to quickly respond to them first.

For example, they may have multiple health issues that are sometimes aggravated by substance abuse. A peer-reviewed journal was saying that people in Boston, MA with tri-morbidities: medical health (heart disease, diabetes, HIV or cancer), mental health (schizophrenia, PTSD, bipolar disorder) and substance abuse (commonly alcohol) often experience fatality within 12 months!

There are about 65 people working on the HOT team, and we collaborate closely with CBHS, the fire department, the San Francisco Police Department (SFPD), the library outreach program and Recreation and Parks. The San Francisco Public Library (SFPL) has been a favorite hangout for homeless people and people with mental illness. The SFPL outreach program has resulted in 60 client referrals.

We operate on a \$5 M budget annually, and our financial sources, at the federal level, are program grants and, at the state level, are Medi-Cal, MHSA and general fund. At any given time, we serve about 500 clients. Our philosophy is to use "whatever it takes" to assist homeless people. We have three locations: South of Market 760 Harrison St, 1060 Howard and 2712 Mission St -- which is Mission Mental Health. In the descending order, we see the most homelessness in the Tenderloin, the Mission then South of Market. Besides these hot spots, we do outreach throughout the City."

Mr. King III: "Who makes referrals to the HOT team?"

Dr. Parekh: "We respond to requests through calls from 311, the Mayor's office, peace officers, the fire department and to citizen concerns. Our 25 Outreach Case Managers can serve, at any given time, a total of 375 clients."

Ms. Wright: "What is the average age of homeless people?"

Dr. Parekh: "The average age is the mid 40's with the range of late 30's to late 50's."

Ms. Robinson: "Please talk about your housing?"

Dr. Parekh: "We have different types of housing. We have placed people in single room occupancy units (SRO), homeless shelters, Multi-Service Center South (MSCS), and eight different hotels, and these hotels have a total of 228 rooms. All of these housing services are paid for by the Housing and Urban Health within the Department of Public Health (DPH). Clients with multiple medical and psychosocial difficulties must agree to our intensive case management to get permanent housing. They also must be in compliance with hotel rules and CBHS rules. But, in stabilization rooms, there are no tenant rights.

In different hotels, pet allowance enables homeless people to bring their pet companions with them. Some hotels even include allowances for couples to be together.

Our current big issue is bed bugs which is prevalent everywhere, even in the five-star places like the Ritz and the Fairmont. Hotels are responsible for controlling the bed bug issues, but our clients may unknowingly bring bed bugs with them when we place them in housing.

Eradicating bed bugs in an environmental friendly ways requires expensive freezers costing about \$50,000 each. Infected clothes and luggage are put into these freezers. There is a low threshold to get into hotels. The more barriers there are for people to get into housing the more difficult it is for people to engage with us. We get about 6-8 cases of bed bugs per month. Bed bugs are not only an irritant but a serious problem!"

Mr. Lewis: "What can the HOT team do for Golden Gate campers who refuse relocation?"

Dr. Parekh: "We are about voluntary services and we can not force people out the park.

We do not want police right next to us when we do outreach. Although we keep a distance from the SFPD, there are safety issues for our staff. For example, a lethal booby trap that was rigged with a hatchet almost axed a staff's foot. Thus it becomes necessary for us to have the police as a life line. The Department of Public Work (DPW) also accompanies us on outreach to collect trash."

Ms. Bentley: "Do you have a break down on gender and veterans?"

Dr. Parekh: "There is a 75% male to 25% female ratio. Veterans make up about 30% of our clients. This Friday June 10th is the Project Homeless Connect in the Bayview. Coming into the Project Homeless Connect are many homeless people, and these clients mirror our HOT Team's finding."

Mr. Vinh: "Do you have any in-depth studies of veterans, and what relationship do you have with the Veteran Administration (VA)?"

Dr. Parekh: "We do not have a break down of combat veterans per se. Most of our clients have been Vietnam veterans. Combat veterans often experience PTSD.

Our connection with the VA is a "mole" who is a social worker working at the San Francisco VA Clinic on 3rd Street and Harrison Street. We also connect with Swords and Plowshare. About 20%-30% of Golden Gate Park homeless people are veterans."

Ms. Robinson: "Can you talk about SSA and SSI?"

Dr. Parekh: "Ms. Maria Martinez has a strong relationship with the federal Social Security Administration (SSA). Most people who prepare and file the initial application for Supplemental Security Income (SSI) by themselves often experience much frustration. This ranges from lengthy processing to months of delay, because SSI routinely denies initial applications. Having SSI advocates who coordinate with case management from the HOT Team increases approval from by 85% while getting SSI by yourself is about 15% successful!

We operate a pilot program under "presumptive" disability for people with schizophrenia, since they themselves sometimes do not recognize this illness as a disability. Our program works with SSI in fast tracking people to get SSI within a week. Under this pilot, DPH has six months to provide documentation showing these people should have been on SSI.

San Francisco and Santa Cruz counties were selected for the pilot. SSA may implement this program nationally."

Ms. Chien: "Is this pilot for homelessness only or across the board and is there a cap?"

Dr. Parekh: "It is only for homeless people with schizophrenia first and the cap is a total of 200 people."

### **3.2. Public comment**

Dr. Fenn: He is also a psychiatrist, and he was wondering the routes they take in dealing with homeless people who have active psychosis.

Dr. Parekh: "I usually carry psychiatric medications in my bag to prescribe on the spot when we engage with homeless people. We do not want to loose the engagement; it is why we respond right away by having a psychiatrist with us when we go on outreach. By no means is it perfect or text book, but our improvisation has been very effective in helping people.

At Tom Waddell we have an on-site psychiatrist prescribing medications or providing medication management. We want to be able to check in with people with mental illness on how their medications are working."

Ms. Simpson: She asked about hiring opportunities.

Dr. Parekh: "We have experienced some impacts from budget cuts, but take a business card of mine and follow up with me periodically on opportunities."

Mr. Wise: He asked about linkage to agencies and residential programs for homeless people with mental illness or dual diagnoses.

Dr. Parekh: "We work with many agencies from alcoholic anonymous (AA), to detoxification centers, to Tom Waddell, to Haight Ashbury Integrated Care, Inc."

### **ITEM 4.0 ACTION ITEMS**

For discussion and action

#### **4.1 Public Comment.**

No public comments.

#### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of May 11, 2011 be approved as submitted.

Unanimously approved

Ms. Argüelles: "Ms. Brooke, would you please read the Budget Resolution for the record before we have discussion or take a vote. Does anyone have any changes to the wording? If so, we will take individual votes of each proposed change, and then a final vote on the resolution as a whole with the proposed approved changes."

**4.2 b PROPOSED RESOLUTION:** Be it resolved that the Mental Health Board urges the Department of Public Health to maintain sufficient services to prevent vulnerable San Franciscans from suffering the loss of critical services.

Unanimously approved

#### **ITEM 5.0 REPORTS**

##### **5.1 Report from the Executive Director of the Mental Health Board.**

Ms. Argüelles: "Ms. Brooke will give the report."

Ms. Brooke: "Conard House offers the Manage Ongoing Health Conditions through Healthier Living workshop starting July 20<sup>th</sup> to August 24<sup>th</sup>. This workshop will meet every Wednesday for six consecutive weeks at CCCYO Residence Community Room at 10<sup>th</sup> and Mission -- call Christian at 346-6380x111 for pre-registration."

##### **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: "I would like to thank all of the board members who have visited supervisors, attended public hearings and meetings, and attended Community Behavioral Health Service meetings this past month and I will ask you to give a report during the next agenda item. Now I want to give Kara Chien a moment to introduce herself and share why she chose to become a board member."

Ms. Chien: "I have been with the Public Defenders office for about 20 years with about 12 years of experience on mental health."

##### **5.3 Report by members of the Board on their activities on behalf of the Board.**

Mr. Lewis: "Mr. Vinh and I attended the Human Services Network. Helynna, David and I also went to Sophia Maxwell's social. I also went with Alphonse to meet with the President Supervisor Chiu's assistant Katherine."

Mr. Vinh: "We met with Katherine to discuss how budget cuts affect public safety and public health."

#### **5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

Mr. Joseph: "I would like to follow up on Ms. Leanne Simpson's comment about PES procedures and would like to hear from the PES executive Eric Woodard."

Ms. Virginia Lewis: "I would like to learn more about how San Francisco County jails treats people with mental illness."

#### **5.5 Public comment**

No public comments.

#### **ITEM 6.0 PUBLIC COMMENT**

No public comments.

#### **Adjournment**

Meeting adjourned at 8:19 PM.

*Presentation: HOMELESS OUTREACH TEAM documents.*

### **San Francisco Fully-Integrated Recovery Services Team (SF FIRST)**

**SF FIRST** is a public/private partnership of street outreach staff, case managers, social workers, medical staff, and recreational and vocational experts. Their purpose is to serve, reduce harm, and improve health outcomes for San Francisco's hardest-to-reach chronically homeless and marginally housed individuals who are multiply-diagnosed, severely-disabled, and highly acute.

The Team uses a "whatever it takes" philosophy, with client-centered, outcomes-oriented, data-driven perspectives underlying its functioning. Success is measured in terms of attaining permanent supportive housing, financial benefits, medical insurance, engagement into medical and behavioral health treatment, education and employment, crisis reduction, and a reconnection with the community and families.

SF FIRST collaborates very closely with other City departments (Human Services Agency, Fire Department, Recreation and Parks, etc.) and community-based organizations to coordinate care and to increase the efficiency of effort. The Team utilizes the Coordinated Case Management System, a web-based charting, care-coordination and reporting tool to further decrease duplication of services and increase response.

The team has four main divisions: the Homeless Outreach Team (**HOT**), Intensive Case Management (**ICM**), Recovery and Community Integration (**RCI**) and the San Francisco Public Library Outreach Program (**SFPL-OP**).

**HOT** conducts outreach to homeless in San Francisco in order to help engage them into existing City services. HOT's main tasks are to stabilize these individuals, and to assist them in ending their homelessness using City and other resources, such as stabilization rooms, shelter beds, permanent supportive housing units, transportation, and financial benefits. HOT principally consists of 25 Outreach Case Managers, who have capacity to serve a total of 375 clients at any given time. Clients are discharged from HOT services after being assisted into permanent housing, with follow up services through on-site or off-site case management as needed. In the past 5 years, HOT has:

Served	2,029 clients
Assisted into permanent housing	853 clients
Assisted to procure financial benefits	845 clients
Assisted to procure MediCal	429 clients
Engaged into primary care	658 clients
Engaged into behavioral care	519 clients

The **ICM** Team serves highly vulnerable clients who have multiple medical, psychiatric, substance abuse and psychosocial difficulties. Clients are principally referred from HOT, and are generally the highest users of multiple health and other City systems. The ICM team uses wrap-around services, such as case management, transportation, psychiatric and medical treatment, crisis intervention, engagement into substance abuse treatment, and advocacy for financial benefits, legal rights and conservatorship, as appropriate. The team consists of 14 intensive case managers and has capacity for 210 clients at a given time. Clients are served by the team for an estimated average of 7-8 years; about 2-3% of clients are transitioned each year to outpatient clinic-based care, as these clients achieve continuing stability.

**RCI** promotes the Recovery Model through educational, vocational and recreational activities, and the creation of new programming involving staff members and clients alike. It consists of 4 dedicated employees, who work with other SF FIRST staff and the team's clients to implement ideas such as:

- A client-directed vocational training program (POWER),
- A coffee and smoothie-fueled support group (FIRST Cup),
- A foot clinic in a Spa-like atmosphere (Agony of de Feet),
- A staff and peer run Laundry group,
- A client and staff run art group (D.R.A.W.),
- Stipended internships leading to part-time employment doing health and safety-oriented outreach at the San Francisco Public Library,
- Stipended internships for peer counseling at the South of Market Mental Health Clinic,
- Various outings to sports, cultural, scientific and outdoors settings, and

Formal vocational assessments and referrals to job-training and employment in the community.

Currently, about 25% of SF FIRST clients participate in these activities; the goal is to involve 100% of SF FIRST's clients in Recovery-oriented practices.

**SFPL-OP** provides outreach to homeless and mentally ill patrons of the Main Branch of the San Francisco Public Library; it also provides education and consultation for Library staff regarding homelessness and behavioral health services in the City. SFPL-OP consists of 1 psychiatric social worker, and 4 Health and Safety Associate (HaSA) positions, supervised by the social worker. The HaSAs help to extend capacity for outreach and conduct safety monitoring, to help prevent unsafe drug use and sexual activity in the Library system. They consist of current and former SF FIRST clients who learn "on the job" and are then able to apply for a permanent part-time position; currently, the four HaSA positions consist of 3 stipended internships and 1 part-time employee. In about 15 months of operation, SFPL-OP has referred over 60 clients to HOT; 40 of these clients have achieved temporary housing, 15 have achieved permanent housing, and 2 clients have succeeded in finding employment.

SF FIRST also has 11 other staff members comprising its medical and administrative units. SF FIRST's budget is a combination of San Francisco's general fund, California's MHSA funding, Federal program grants and Medicaid.







SAN FRANCISCO MENTAL HEALTH BOARD



Mayor Edwin Lee

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**MEETING OF THE MENTAL HEALTH BOARD**

Wednesday, July 13, 2011  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
6:30 – 8:30 PM

**CALL TO ORDER**

**ROLL CALL**

**AGENDA CHANGES**

**Item 1.0 DIRECTORS REPORT**

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

**Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

**Item 3.0 PRESENTATION: SAN FRANCISCO GENERAL HOSPITAL  
PSYCHIATRIC EMERGENCY SERVICES POLICIES AND PROCEDURES;  
DESCRIPTION OF SERVICES; RESTRAINT GUIDELINES, ERIC WOODARD,  
DIRECTOR, PSYCHIATRIC EMERGENCY SERVICES**

For discussion.

GOVERNMENT  
DOCUMENTS DEPT

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3.1 Presentation: San Francisco General Hospital Psychiatric Emergency Services Policies and Procedures; Description of Services; Restraint Guidelines, Eric Woodard, Director, Psychiatric Emergency Services

3.2 Public comment

#### **Item 4.0 ACTION ITEMS**

For discussion and action.

4.1 Public comment

4.2 a PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of June 8, 2011 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Meeting on August 10, 2011 will be canceled.

#### **Item 5.0 REPORTS**

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

#### **Item 6.0 PUBLIC COMMENT**

#### **ADJOURNMENT**

## **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
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Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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www.sfgov.org/mental\_health

### Unadopted Minutes

#### Mental Health Board

Wednesday, July 13, 2011

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Lynn Fuller, Vice-Chair; Ellis Joseph, Secretary; Linda Bentley; Kara Chien ; Wendy James; Noah King III; David Lewis, Ph D; and Errol Wishom.

**BOARD MEMBERS ON LEAVE:** Alyssa Landy; and Virginia S. Lewis, LCSW.

**BOARD MEMBERS ABSENT:** Inspector Kelly Dunn; and Virginia Wright,

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Sarah Accomazzo, Research and Project Development Manager; Julie Oatfield (Coro Summer 2011 Youth Intern); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Mark Leary, MD, Deputy Chief of Psychiatry at San Francisco General Hospital; Michael Wise, Pathway to Discovery; Ralph Fenn, MD., Family Service Agency (FSA); Anthony Galletta, LaVaughn King; Alecia Hopper, MPA, Assistant Director for Administration and Human Resources at Progress Foundation; Joseph Robinson, LCSW, CADC II, Associate Director of California Association of Social Rehabilitation Agencies (CASRA); Tatjana Leipersberger, visiting scholar at San Francisco State University; and nine other members of the public.

### CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:35 PM."

### ROLL CALL

Ms. Brooke called the roll.

### AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

### ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

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Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

Ms. Robinson: "I want to keep the board abreast on the budget cuts. This year's budget process is almost over, and Board of Supervisors (BOS) have not voted yet. Currently, proposition J is being evaluated for security in San Francisco clinics and hospitals. Currently the San Francisco Sheriffs provide security. The BOS is still deliberating on this security issue."

We are very pleased that this work-in-progress budget has been good for the community behavioral health system because, on the clinic level, Mayor Ed Lee just fully restored programs that are under \$1 million. We initially started with \$13 million in cut but we ended up with only \$316,000 cuts. So programs are going to experience a minimum cut, and nobody is experiencing drastic cuts."

*Please see the attached July 2011 Director's report.*

#### **1. Peer Specialist Mental Health Certificate Program (RAMS & SFSU)**

RAMS, in collaboration with SFSU, is pleased & very excited to announce the start of Peer Specialist Mental Health Certificate program for the Fall 2011. Attached are the Brochure, Application, and Open House (on July 19th) information documents (*See Attachments 1, 2, 3*). We are accepting applications through August 5th, 5:00pm. This information is also posted online at [www.ramsinc.org](http://www.ramsinc.org) on the left-side of the webpage along with the listing of other programs/services at RAMS. Please kindly let others know and distribute within your network.

For more information, feel free to contact:

Christine Tam, Program, Coordinator  
[christinehtam@ramsinc.org](mailto:christinehtam@ramsinc.org)  
(415) 668-5955 x386

Kavoos G. Bassiri, LMFT, CGP  
President & CEO  
RAMS, Inc.  
3626 Balboa Street  
San Francisco, CA 94121  
Tel: (415) 668-5955 ext. 319  
Fax: (415) 668-0246

About the Program: Richmond Area Multi-Services, Inc. and San Francisco State University Department of Counseling jointly developed and are offering the Peer Specialist Mental Health Certificate Program. Funded by the Mental Health Services Act (MHSA), the primary goal of the Certificate program is to prepare consumers of community behavioral health services or family members with the basic skills and knowledge for entry-level peer specialist/counseling roles in the community behavioral health system or to further their career in the field.

#### **2. Psychiatric Mental Health Nurse Practitioner Stipends**

The State Department of Mental Health (DMH) has just announced its intent to award agreements to the following three programs for the provision of Psychiatric Mental Health Nurse Practitioner stipends:

- California State University, Fresno
- Azusa Pacific University
- University of California, San Francisco

For more information, see Attachment 4.

**3. Avatar July Training Schedule**

Please note that for the month of July we will be holding several Adult TX Plan review sessions. The review sessions are being offered in preparation for the Adult Treatment Plan of Care that is scheduled to be implemented on August 1. Please stay tuned for additional information.

Date	Day	Time	Class
July 13	Wednesday	9am to 11am	MAA and Indirect Services*
July 15	Friday	10am to 12pm	Workflow for Supervisors
July 15	Friday	1pm to 2pm	Avatar Reports
July 20	Wednesday	10am to 11am	Adult TX Plan (NEW)
July 20	Wednesday	11am to 12pm	Adult TX Plan (NEW)
July 22	Friday	10am to 11am	Adult TX Plan (NEW)
July 22	Friday	11am to 12pm	Adult TX Plan (NEW)
July 25	Monday	10am to 11am	Adult TX Plan (NEW)
July 25	Monday	11am to 12pm	Adult TX Plan (NEW)

**4. Upcoming Training**

**Health Reform and San Francisco's Safety Net**

Friday, July 22, 2011

9:00am - 12:00pm

San Francisco Federal building, 90th Seventh Street

The Patient Protection and Affordable Care Act (also known as "Health Reform") was signed into law by President Obama on March 23, 2010 and makes historic changes to the U.S. health care system. Health Reform requires most U.S. citizens and legal residents to have health insurance. To help individuals meet that requirement, Health Reform expands eligibility for Medicaid and creates new requirements for private health insurance providers to make health insurance more accessible and affordable. In addition, Health Reform makes investments in public health, including prevention and wellness programs, and the healthcare workforce.

This forum will provide San Francisco Department of Public Health employees and partners with:

- an overview of Health Reform, with an emphasis on provisions that may be of particular interest to safety net providers in San Francisco;
- an overview of the work of the San Francisco Health Reform Task Force, which evaluated the impact of Health Reform on San Francisco's safety net; and
- information on the Department of Public Health's current initiative to better integrate the health care services that it provides to best position DPH's health care delivery system for Health Reform.

Panel:

Herb K. Schultz, Region IX Director, U.S. Department of Health and Human Services

Colleen Chawla, Deputy Director of Health, Director of Policy & Planning

Tangerine Brigham, Deputy Director of Health, Director of Healthy San Francisco

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

No public comments

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

Ms. Robinson: "I just passed out the MHSA Awards Ceremony flyer which celebrates the achievements and recovery of consumers who reached their recovery goal(s). The first of MHSA Recovery Awards Ceremony has been scheduled to take place on Friday, October 14th, 2011 from 11-2pm."

Ms. Wishom: "Please describe this award ceremony?"

Ms. Robinson: "Anyone affiliates with any MHSA supported program can nominate clients. The nominees may be nominated for various categories."

Mr. Lewis: "Do award recipients have to disclose their diagnosis or even their multiple diagnoses?"

Ms. Robinson: "How people choose to talk about their recovery is a personal choice that we respect!"

## **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATIONS: SAN FRANCISCO GENERAL HOSPITAL PSYCHIATRIC EMERGENCY SERVICES POLICIES AND PROCEDURES; DESCRIPTION OF SERVICES; RESTRAINT GUIDELINES, DR. MARK LEARY, DEPUTY CHIEF OF PSYCHIATRY AT SAN FRANCISCO GENERAL HOSPITAL.**

### **3.1. Presentation: San Francisco General Hospital Psychiatric Emergency Services Policies and Procedures; Description of Services; Restraint Guidelines, Dr. Mark Leary, Deputy Chief of Psychiatry at San Francisco General Hospital.**

Ms. Argüelles: "I would like to introduce Dr. Mark Leary from Psychiatric Emergency Services (PES). He originally formulated the PES restraint policies."



Dr. Leary: "Thank you for inviting me to come to talk to the board. I have worked in the ward of psychiatry at the San Francisco General Hospital (SFGH) for over 22 years in both the in-patient and out-patient units. We at SFGH coordinate psychiatric services with Psychiatric Emergency Services (PES).

PES is an in-patient service that is part of SFGH. PES services include access to crisis outreach, intervention and residential services. In acute psychiatric emergencies we provide extended observation, although sometimes, we have discharged patients to Laguna Honda Hospital for long-term recovery. Involuntary hospitalizations at PES also include seclusion and restraints.

PES accepts involuntary hold or 5150 clients, who were brought in by law enforcement authorities. PES sees over 6000 people a year annually. We are staffed with registered nurses and psychiatrists. We would love to have more of these clinicians.

The physical space of PES does not give much privacy for patients in psychiatric crisis, and we would love to have a bigger space.

Our current PES facility is small, and there are four private rooms for restraints. When agitated patients are being restrained, they must be insulated to prevent upsetting other patients. We care for 16 to 18 patients daily. Our message is we would like the board to advocate more staffing and space for us."

Mr. Lewis: "What precipitates the necessity for seclusion or restraints?"

Dr. Leary: "Usually a patient with a psychiatric emergency spends about 22 hours with us during which we prepare an assessment. About 70% of these patients are discharged back to the community with the other 30% being admitted into hospitals.

Seclusion is defined as the locking-up of a person or having a staff guarding a patient with a psychiatric emergency.

Restraints is when a person is in containment in one physical space, and if necessary, straps are used to hold them down. An elderly person with a psychiatric emergency, for example, may sit in a chair that is barricaded by surrounding tables rather than strapped to a bed.

We have strict criteria for seclusion and restraints. Staff intervenes when necessary to prevent an agitated person from inflicting any harm to another person or further harm to themselves. Seclusion and restraints are used as a last resort when we have tried everything else within the limit of safety and time. Seclusion and restraint is not done to protect property but to protect people!"

Mr. Joseph: "Do you put more than one person in a room?"

Dr. Leary: "The day room has more than one person in psychiatric crisis, but we have placed individuals in private rooms. We would never seclude or restrain a person with anyone else."

Mr. Lewis: "In our June meeting, we had a patient talking to us about PES and the patient felt mistreated for screaming out when the patient reacted to seeing another patient lying on the floor."

Dr. Leary: "This patient's reaction would not meet the criteria for seclusion or restraints, unless the patient said something threatening or showed probable cause of hurting another person or themselves. Just making noise no matter how loud is not enough for seclusion or restraints."

Ms. James: "Does part of psychiatric emergency services include involuntary medication on everyone who shows agitation?"

Dr. Leary: Everyone who is admitted expressing agitation would not necessarily benefit from psychiatric medications. Nursing staff use non-confrontational manners and might de-escalate a psychiatric crisis. Only in rare situations where we have a probable cause of imminent danger to themselves or another person do we resort to involuntary medications.

The nursing staff keep vigilant of patients who may show imminent danger and follow psychiatric emergency protocols to prevent patients from inflicting any self harm; if necessary the nursing staff may need to use seclusion or restraints. Once in seclusion or restraints, a psychiatrist is then called to make further evaluations.

In the State of California's psychiatric laws, the State requires an at all time presence of monitoring nurses when people are kept in seclusion or restraints. When patients are in seclusion or restraints, nurses must periodically take patient's vital signs. When a patient is in seclusion, nurses must monitor for any self inflicted injuries. When a patient is being restrained, nurses must periodically perform circulatory comfort checks to ensure that restraining devices are not cutting off blood flow. Patients usually are in seclusion and restraints for less than an hour!

When a staff member's hand is put on a patient, this contact could put the staff at risk for possible injury by a patient who is in an active psychiatric crisis. The last time we did a re-evaluation of seclusion and restraints policies it was about seven or eight years ago when we sent staff and administrators to Bellevue Hospital in New York City to see how the hospital provides access to emergency mental health services.

Over the years, we have reduced in-patient restraints by 80% at SFGH. PES has reduced seclusion and restraints, however not as much as SFGH's in-patient unit. Of the people coming into PES, often 80%-90% of them are under the influence of illicit drugs and are committed involuntarily."

Mr. Wishom: "When I worked in 7A, 7B and 7C psychiatric wards at SFGH as a peer counselor, I witnessed very few patients being restrained."

Dr. Leary: "We have dramatically reduced seclusion and restraints, and I am glad you noticed that."

Mr. King III: "What did the SFGH staff learn from the New York City Bellevue hospital trip in responding to psychiatric emergencies?"

Dr. Leary: "The new methods we have incorporated into our practice are the following. We try to be pro-active with patients. We use a quiet room to de-escalate any acute mental health crisis. We did away with "silly rules" because all they did was inducing adversarial communication. We have avoided unnecessary conflicts or power struggles. If we start noticing any agitation, we use talk therapy as a non-threatening communication to engage with a patient. Sometimes we offer anti anxiety medications."

Mr. Wishom: "After working at SFGH for about a year, I intervened in a psychiatric crisis when I saw a patient trying to flee out the door at the same time as a nurse was coming in."

Ms. James: "I observed an incident where a patient instigated a conflict by throwing her lunch tray onto the floor, and a nurse just de-escalated the situation by calmly taking this patient back to her room. The whole situation was handled in such a non-adversarial manner that the remaining patients felt very calm."

Dr. Leary: "I appreciate you shared that story."

Mr. Lewis: "Are a patient's verbal threats enough to initiate seclusion or restraints?"

Dr. Leary: "We have to assess for any imminent and real danger on an individual basis first before we apply seclusion or restraints."

Mr. Wishom: "Why does a recently released person from a jail often get taken to PES?"

Dr. Leary: "A full evaluation with PES is necessary if the person was just released from the jail psychiatric system. But individualized attention is needed in a 5150 situation or if the jail psychiatric system feels the inmate needed to be seen by PES."

### **3.2. Public comment**

Mr. Wise: He stated that he has escorted clients to services at SFGH where he has seen lots of constriction. He wondered if there is any expansion to give more space.

Dr. Leary: "The new hospital will not have psychiatry wards. We were told that PES can expand in the first floor. I would like to see more private rooms to accommodate people in active psychosis."

Mr. Wise: He advocated for a drop-in center because it is good to have a less extreme environment and believed that people had to be in 5150 for PES.

Dr. Leary: "Westside clinic and Citywide and Wellness Centers in the City are good places for drop in. Another place is Behavior Health Access, so are just about any civil service clinics."

Mr. Galletta: He asked if discharged patients who are homeless get support for shelters.

Dr. Leary: "Yes, shelter information is given, and we are very specific about what resources are available."

Dr. Fenn: Dr. Fenn with Family Service Agency suggested that PES should contact programs right away for people with pre-imminent psychiatric crisis.

Dr. Leary: "It would be better if clinics and hospital staff communicate about patient history."

Dr. Fenn: Dr. Fenn commented that programs clinicians must be able to do a better job updating PES staff too.

Ms. Robinson: "PES uses AVATAR which is an electronic health care record depository and retrieval."

Ms. Hopper: She said that Progress Foundation is a 24x7 place that can be another drop-in center if the program takes drop-in people.

Ms. Oatfield: She asked if PES solicits patient feedback to learn about their PES experiences.

Dr. Leary: "We try to do exit interviews when patients leave PES. Patients have suggested clear communication from staff to help them through a psychiatric episode."

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of Jun 8, 2011 be approved as submitted.

Unanimously approved

**4.2 b PROPOSED RESOLUTION:** Be it resolved that the Mental Health Board Meeting on August 10, 2011 will be canceled.

Unanimously approved

## **ITEM 5.0 REPORTS**

### **5.1 Report from the Executive Director of the Mental Health Board.**

Ms. Argüelles: "Ms. Brooke will give her report and MHB Staff member, Sarah Accomazzo who is the Research and Project Development Manager for San Francisco Mental Health Education Funds and the Mental Health Board, will give an overview of the years focus on women and girls issues."

Ms. Brooke: "Jo Robinson and I just came back from Barbara Garcia's celebration that recognizes her as the Director of Department of Public Health (DPH). It is really good for mental health to have Ms. Garcia who came up in ranks through the DPH's behavior health side.

I also would like to introduce the board to Ms. Julie Oatfield who is our first Coro youth intern. She is working with us to interview high school girls about their experiences and will give us her presentation on August 4<sup>th</sup>, 2011 on her findings.

Also, with us tonight is Sarah Accomazzo who is working on her Ph D at UC Berkeley who will give the board an update on GABH for Gals and mental health issues on women and girls."

Ms. Accomazzo: "My name is Sarah Accomazzo; I am Research and Project Development Manager for SFMHB. I am also a graduate student in Social Welfare at UC Berkeley. In June, GABHS for Gals celebrated its 3rd anniversary! Today I'm going to give you some highlights from our work over the Fiscal Year 2010-2011. GABHS is Gender Appropriate Behavior Health Services. We are

committed to advocating for gender appropriate and culturally competent behavioral health services for women, girls, and families in San Francisco's behavioral health system.”

Mr. Lewis: “What are gender appropriate and culturally competent services?”

Ms. Accomazzo: It is an umbrella term to describe behavioral health services that both consider and meet the unique needs of women, men, girls, boys, transgender people, and families from all different cultures. It may include gender and/or culturally specific services, and are the opposite of gender-neutral services, where the same services are provided for everyone, neglecting the impact of gender and culture on client needs.

On the macro level work, there is a language change in CBHS policies – the 2010-2011 CBHS Mission and Vision statement language was changed to reflect a priority on gender responsive services. The new Mission and Vision statement now reads:

*‘The vision of behavioral health services is to have a welcoming, culturally and linguistically competent, gender responsive, integrated, comprehensive system of care with timely access to treatment in which “Any Door is the Right Door” and individuals and families with behavioral health issues have medical homes.’*

I would like to thank CBHS's Director Jo Robinson for her support of the Board's work around gender responsive services. We hope that CBHS will continue this language shift by adopting 'gender appropriate and culturally competent' in all of its policies and procedures.

We did an Ongoing Needs Assessment of Women and Girls in Behavioral Health Programs in Diverse Communities throughout San Francisco. The goal is to develop a more nuanced understanding of what it means to provide gender appropriate and culturally competent behavioral health services in diverse communities throughout SF where we focus on three populations: African-American, Latina, and Asian/Pacific Islander populations. Last Friday a graduate student in public policy at Mills presented a summary with two major policy recommendations.

1. To improve quality of service delivery by increasing outreach and engagement strategies that are culturally relevant, by incorporating recovery-oriented systems of care in the continuum of care and by developing minimum standards of practice for programs.
2. To increase system capacity by dedication of gender-specific funding streams, by increasing capacity of support service programs and by having system-wide education and training.

Next is safety advocacy. In August 2010 we partnered with California Women's Mental Health Policy Council to publish a policy brief entitled “Addressing Safety in Community Behavioral Health Programs” with Safety Checklist.

We also did a Safety Study. We have moved into research where literature review of peer reviewed journals showed that there is very little written about safety and no pre-existing scales to address safety. So, I worked with a professor at UC Berkeley to develop a Perceived Safety in Programs Scale. The Institute of Behavioral Research (IRB) is approved, and I will do outreach this week and next week the scale begins.

On the micro level work, we have Women and Girls Hot Topics Seminar Series, ongoing workshops featuring local experts who can speak directly about San Francisco women and girls. There are two focuses in the monthly series:

1. Clinical training for issues specifically related to women and girls – three part trauma and body image workshops, and one day long workshop last year on Working with Women and Girls of Color Around Body Image and Eating Disorders
2. Connecting Practice with Research: Updating practitioners on the current research on behavioral health issues affecting women, girls, and families. Two MSW interns, conducted literature reviews and made power point presentations called ‘Girls and Aggression and Early Puberty and Behavioral Health.

Also our micro level work includes developing a website that will be a centralized “One Stop” resource center about women and girls’ behavioral health issues. We are currently seeking funding for this project.”

Ms. James: “Are you doing any research on diversions for girls in gang.”

Ms. Accomazzo: “We hope our future Coro fellow will do some research on girl experiences in the juvenile system.”

## **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: “I would like to thank all of the board members who have visited supervisors, attended public hearings and meetings, and attended Community Behavioral Health Service meetings this past month and I will ask you to give a report during the next agenda item. We are almost a full board but we still have one mental health professional seats open. Applications have been pending since March with Supervisor Campos’ office, so we are forwarding those applications to the Rules Committee for July 21<sup>st</sup>, 2011.”

## **5.3 Report by members of the Board on their activities on behalf of the Board.**

Mr. Wishom: “I attended the NAMI Walk in May 2011 at San Francisco Golden Gate Park.”

Mr. Lewis: “I like to talk about the aging-out of foster youth. I am on the board of Community Housing Partnership, and I work with Larkin Street Youth. We are considering converting an empty hotel into housing for the aging-out of foster care youth. However, residents there are concerned that their home values may be discounted because of the conversion project. The Planning Department will hold a hearing meeting tomorrow at City Hall in room 400, and I plan to be another advocate for more housing for foster youth.”

Ms. James: “I am a consumer, who was appointed by Supervisor John Avalos, and am on Client Council, MHA’s SOLVE, NAMI’s family-and-family.”

## **5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

None suggested.

Ms. Brooke: "Fred McGregor will present AVATAR at the July 21, 2011 Executive Meeting, at 1380 Howard Street, Room 537. All board members are welcome to attend."

#### **5.5 Public comment**

Mr. Robinson: Mr. Joseph Robinson mentioned that he is on CASRA and very much interested in mental health issues.

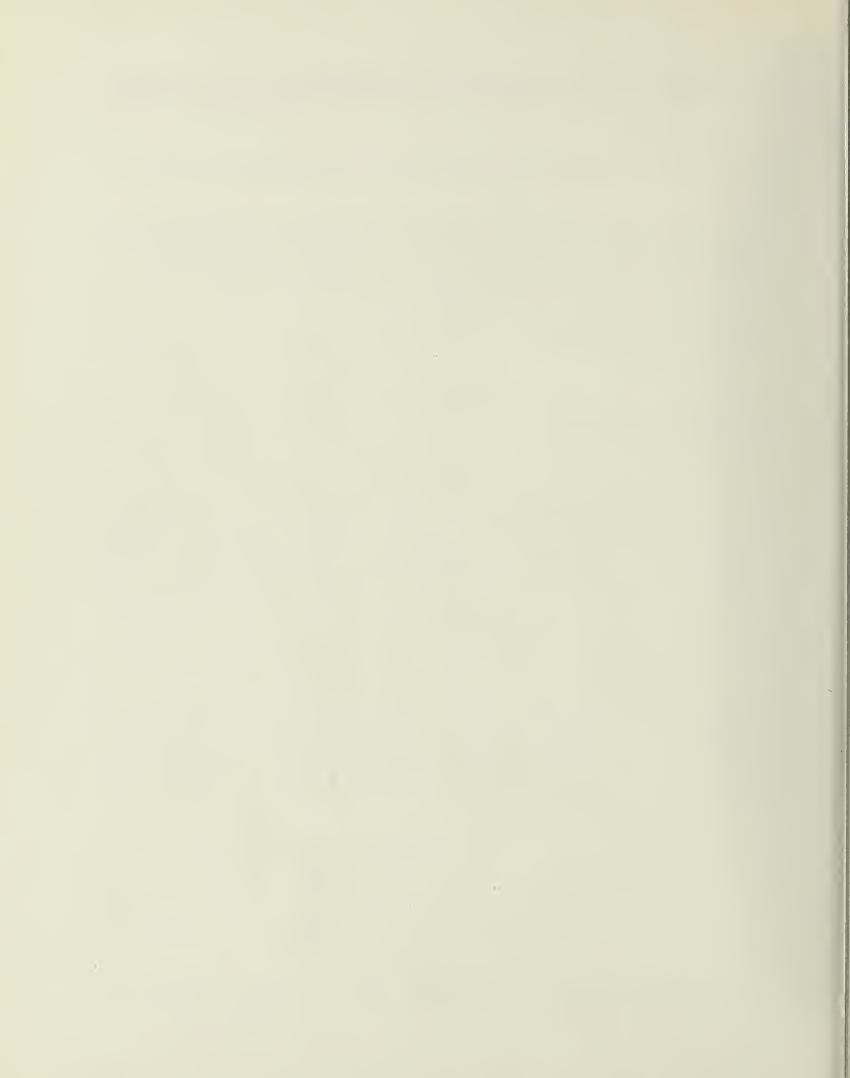
Ms. King: She mentioned that she sits on the Girls after School Academy (GASA) in the southeast sector of San Francisco. She also mentioned that she just returned from the 20th Anniversary of NAMI (National Alliance on Mental Illness) conference in Chicago, IL from July 5th to Jul 9th 2011. Ms. King, along with Ms. Wanda Materre, plans to disseminate information from their workshops with the board at the September meeting.

#### **ITEM 6.0 PUBLIC COMMENT**

No public comments.

#### **Adjournment**

Meeting adjourned at 8:27 PM.





SAN FRANCISCO MENTAL HEALTH BOARD



Mayor  
Gavin Newsom

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The **Mental Health Board** meeting scheduled for  
August 10, 2011  
is

**CANCELLED**

The next meeting of the Board will be Wednesday,  
September 14, 2011,  
at

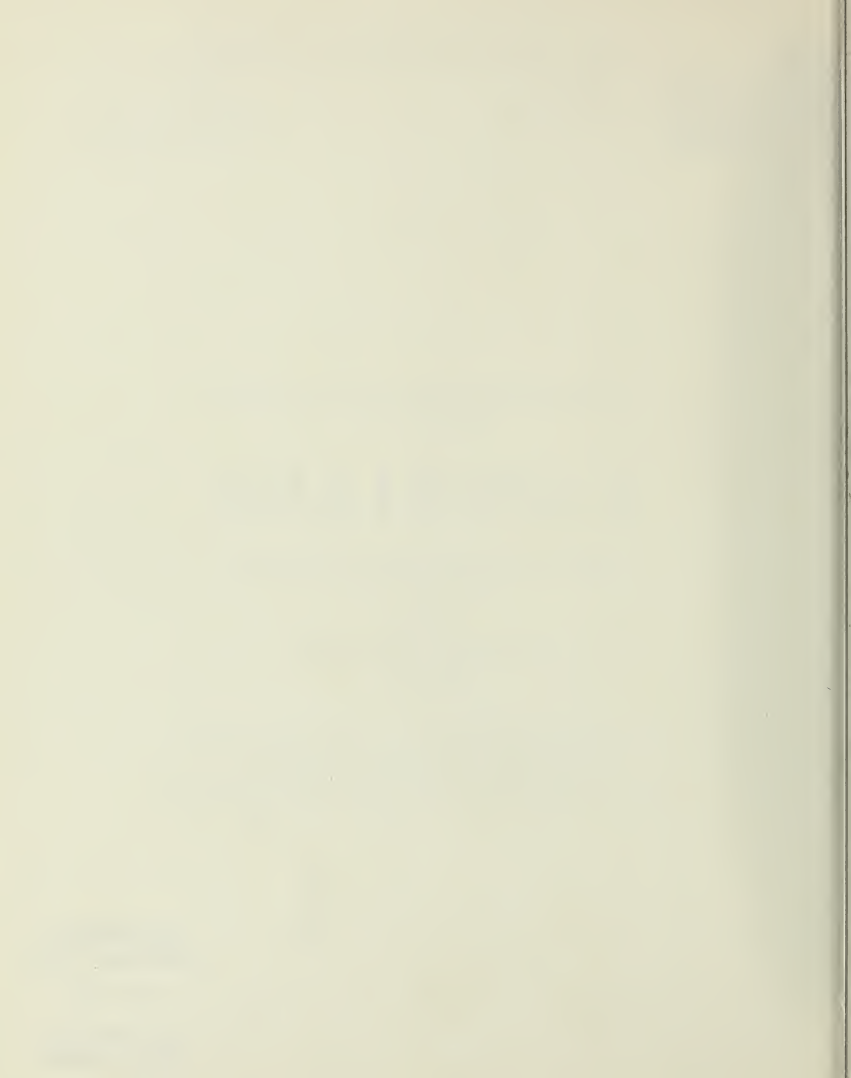
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An agenda for the September meeting will be posted online at  
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the Government Center at the San Francisco Public Library or at  
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## SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, September 14, 2011  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
6:30 – 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

##### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

##### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

##### Item 3.0 PRESENTATION: MENTAL HEALTH ASSOCIATION, MICHAEL GAUSE, ASSOCIATE DIRECTOR

For discussion.

09-08-11A08:11 RCVD

3.1 Presentation: Mental Health Association, Michael Gause, Associate Director

3.2 Public comment

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#### **Item 4.0 ACTION ITEMS**

For discussion and action.

4.1 Public comment

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of July 13, 2011 be approved as submitted.

#### **Item 5.0 REPORTS**

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

#### **Item 6.0 PUBLIC COMMENT**

#### **ADJOURNMENT**

## **DISABILITY ACCESS**

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Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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### Unadopted Minutes

Mental Health Board

Wednesday, September 14, 2011

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Lynn Fuller, Vice-Chair; Ellis Joseph, Secretary; Kara Chien ; Inspector Kelly Dunn; Wendy James; Noah King III; Alyssa Landy; David Lewis, Ph D; Virginia S. Lewis, LCSW; Lena Miller; and Errol Wishom.

**BOARD MEMBERS ON LEAVE:** Virginia Wright.

**BOARD MEMBERS ABSENT:** Linda Bentley

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Michael Gause, Associate Director of the Mental Health Association of San Francisco; Anthony Galletta; Elizabeth Gjeltén, Strange Angels Theater; Alexandra Apley; and three other members of the public.

### CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:33 PM."

### ROLL CALL

Ms. Brooke called the roll.

### AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

### ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

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Ms. Robinson: "In front of you is the job description for the Director of Children, Youth and Family (CYF) System of Care. I reported a few months ago that Ms. Sai Ling Chan-Sew who was the director of CYF retired, and we are still recruiting actively. If you know anyone with at least five years of CYF experiences please encourage them to apply for the position.

The realignment for public safety is AB109 which is intended to provide services to about 700 non-violent felons who will be paroled into local counties in California. Of the post released population being reintegrated back into society, about 40%-50% have mental illnesses, and we are making preparations to help them access community services and support.

We just received a surprise grant from the Substance Abuse Mental Health Administration (SAMHA) for the Integrated San Francisco Primary Care Behavioral Health. The four-year funding will provide an integrated primary and behavioral health care to indigents, and to people with serious behavioral health issues.

I hope you come to the MHSA Awards Ceremony on October 14th, 2011 between 11-2 PM. The location will be announced later by an MHA-SF staff."

*Please see the attached September 2011 Director's report.*

### **Monthly Director's Report** **September 2011**

#### **1. September is Recovery Month**

Thank all of you for the work that you do in supporting people's recovery from Mental Health and Substance Abuse Disorders. Prevention works, treatment is effective and people recover to live happy, healthy and rewarding lives.

#### **2. Albert Eng, Assistant Director of CYF is Retiring**

After sixteen years of service at San Francisco Department of Public Health, Community Behavioral Health Services, Child, Youth, and Family Services (CYF) Dr. Albert Eng is retiring. He was the Assistant Director of CYF Outpatient Services where he was a valued advocate for children, youth and their families. Most recently he has served as Acting Director of CYF.

Those who have worked closely with him have come to respect him as a colleague and a friend. We wish to celebrate this new stage of his life with a party on Thursday, September 29, 2011, 3-5 PM at 1380 Howard St., Fifth Floor, Large Conference Room.

#### **3. San Francisco Primary Care Behavioral Health (SF PBHCI)**

The San Francisco Department of Public Health, Community Behavioral Health Services, just received SAMHSA funding for the Integrated San Francisco Primary Care Behavioral Health (SF PBHCI) Initiative in the amount of \$1,893,939. Over the course of four years, the grant will function with allocations of \$473,485 per year. The funding will provide



integrated primary and behavioral health care, care management and wellness programs to seriously mentally ill (SMI) clients previously unconnected to primary care and at high risk for chronic conditions such as metabolic syndrome, diabetes, HIV, TB and hepatitis C. SF PBHCI will serve a culturally diverse group of indigent and uninsured SMI clients, many of whom will be homeless or marginally housed. Clients will receive primary care and wellness services in the mental health setting with an emphasis on preventive screening and self-management of chronic conditions. The SF PBHCI initiative will ensure that seriously mentally ill clients become connected to a full-scope, person-centered, culturally competent healthcare home, thus reducing dependence on emergency services, improving chronic conditions self-management, and improving the overall health status of persons with SMI. The project will be a partnership between two divisions of the San Francisco Department of Public Health: Community Behavioral Health Services and Community Oriented Primary Care. The services site will be South of Market Mental Health Services (SOMMHS), with outstationed medical staff from Tom Waddell Health Center, one of the nation's leading providers of primary care for homeless and formerly homeless individuals

A total of 250 unduplicated clients will be served in the first year (550 over the course of the four-year grant).

#### **4. MHSA Housing Program**

##### **What's New? Fall move-ins!**

##### **Drs. Julian and Raye Richardson Apartments**

Opening this month, the new five story building includes 120 studio units of housing for extremely low income, formerly chronically homeless individuals. Twelve units will be reserved for the MHSA Housing Program. The UCSF Citywide Case Management team will work with DPH Housing and Urban Health Clinic (HUHC) and three MHSA adult Full Service Partnerships (FSPs) to provide the residents with integrated recovery and treatment services. Available services will include community-building events, educational opportunities, information and referrals to local social services, health management support by a visiting nurse practitioner or mobile medical team, case management and crisis prevention and intervention. The property, located at Fulton and Gough will be managed by Community Housing Partnership.

##### **Aarti Hotel**

In 2009, Larkin Street Youth Services was awarded an MHSA contract to expand their Routz program, which provides housing and wraparound support services for transitional age youth (TAY) with mental health needs. With capital funding from the Mayor's Office of Housing and MHSA, Larkin partnered with Tenderloin Neighborhood Development Corporation (TNDC) to renovate the 40-unit Aarti Hotel located at Leavenworth and Ellis. The Routz program's capacity to house TAY (ages 18 to 24) will more than double when youth begin moving into the Aarti Hotel this fall. TNDC will provide property management and Larkin Street, in collaboration with MHSA TAY FSP staff, will offer case management, therapeutic services, and other wraparound supports to help residents address their mental health and build critical life skills. MHSA funding will also enable the Routz program to maintain ten youth in scattered-site apartments in the community.

## **What's Next? MHSA service plans just posted for public comment.**

### **Phelan Loop**

This new construction project will include 70 units of housing for families and transitional aged youth (TAY). The building will consist of a mix of studios, 1, 2, and 3-bedroom units available to residents making no more than 20% to 50% of the area median income. Six of the project's 25 TAY units will be reserved for the MHSA Housing Program. Construction is anticipated to begin in 2013. The property, located Ocean Avenue and Lee Avenue will be managed by Mercy Housing Management Group (MHM), an affiliate of Mercy Housing California.

### **Veterans Commons**

The 9-story building on Otis Street will include 76 studio units, eight of which will be reserved for veterans who qualify for the MHSA Housing Program. The development will include space for intensive supportive services designed to build community and stability among residents, including space for counseling, group meetings, case management, and social activities. The property will be managed by Swords to Plowshares (STP) and Chinatown Community Development Center (CCDC).

## **THEN WHAT? Projects in the pipeline.**

The MHSA Housing Program will also have units in Direct Access to Housing (DAH) developments at Transbay Terminal (block 11A) and 220 Golden Gate (previously the YMCA). More to come on these projects soon!

### **5. MHSA Awards Ceremony Nomination Form**

Attachment 1 is the nomination form for the MHSA Awards Ceremony that will be held on October 14th, 2011. Just a reminder that the deadline for nominations to be submitted is Friday Sept 23rd, 2011. We have not received many nominations, so please send them our way. Please fax pages 4-6 to Lisa Reyes at (415) 255-3091 or mail/drop them off in person to my attention at 870 Market Street, Suite 928, San Francisco, CA 94102. Also, feel free to contact Lisa with any questions.

**\*\*If you will be attending the MHSA Quarterly provider meeting on September 16 please feel free to bring your completed nomination forms and hand them to Lisa Reyes\*\***

### **6. Facts for Families – from the American Academy of Child and Adolescent Psychiatry**

Not all children grow from infancy through their adolescent years without experiencing some bumps along the way. While every child is unique and special, sometimes they encounter emotions, feelings or behavior that cause problems in their lives and the lives of those around them. Families often worry when their child or teenager has difficulty coping with things, feels sad, can't sleep, gets involved with drug, or can't get along with family or friends.

The AACAP developed Facts for Families to provide concise and up-to-date information on issues that affect children, teenagers, and their families. The AACAP provides this important information as a public service and the Facts for Families may be duplicated and distributed free of charge as long as the American Academy of Child and Adolescent Psychiatry is properly credited and no profit is gained from their use.

The AACAP has produced the Facts for Families in English and Spanish. Other translations available on the WWW, while perhaps based on the original, were created independently and without benefit of AACAP review.

They are available in English, Español, Malaysian, Polish, Icelandic, Arabic, Urdu and Hebrew.

[http://www.aacap.org/cs/root/facts\\_for\\_families/facts\\_for\\_families](http://www.aacap.org/cs/root/facts_for_families/facts_for_families)

#### **7. Telepsychiatry Newsletter Article**

There is a new program being developed at CBHS to bring broad and efficient access to Psychiatric Consultation to DPH Primary Care clinics citywide. An interactive network of high-speed, high-definition video units will be installed at Primary Care clinics to provide a direct link between the Primary Care clinics and CBHS Consultants. The video units enable interaction between the PC clinic and the Consultant in a video-chat format, in real-time and with excellent technical quality. Establishing the network and installing the video monitors represents a unique collaboration between SFDPH and UCSF.

Primary Care clinics serve a large number of adult, adolescent, and pediatric patients with Behavioral Health concerns. Through closer collaboration between Behavioral Health and the on-site Primary Care providers, including MD's, Behaviorists, and Behaviorist Assistants, it is hoped that treatment of all Behavioral Health problems within the Primary Care setting will be enhanced equitably and efficiently.

The Tele-Psychiatry Program has had a year-long successful pilot project with Maxine Hall Health Center. Beyond allowing the Primary Care providers and the Psychiatric consultants to remain at their respective sites, timely access to consultation will be improved, while still preserving subtleties of non-verbal communication. Over the course of the next year, the Program will roll-out to additional DPH clinics. The capability to see appropriate patients using the technology, as well as to provide in-person initial Psychiatric Assessments, will continue to be developed.

The Psychiatry Consultation Program is part of a much larger initiative to improve access to many medical specialties for DPH Primary Care Clinics throughout San Francisco. Currently, the Psychiatry Consultation service is based at 1380 Howard Street and consists of three clinicians: Hamilton Holt, MD (Medical Director), Victoria Mycue, MFT (Coordinator), and Tim Sinclair, MD (Psychiatrist).

#### **8. Upcoming Trainings**

## **Healing the Soul Wound: Counseling with American Indians and other Native Peoples**

September 27, 2011

9:00am - 4:00pm

Presented by Eduardo Duran, PhD

St. Mary's Cathedral Conference Center

1111 Gough Street

Dr. Eduardo Duran is a clinical psychologist working in Indian country for over two decades. Much of his clinical and research work has concentrated on working with the legacy of historical trauma experienced, and related clinical manifestations, experienced by Indian people and other indigenous peoples.

Dr. Duran has extensive experience in all aspects of psychotherapy and has served as a professor of psychology in several graduate settings and continues to teach, and lecture in community settings all over the world.

This training will provide an overview of in the implications of historical trauma and colonialism on Indian peoples and their wellness, and how they may impact treatment engagement, participation, and retention. Culturally-sensitive mental health assessment, treatment planning and diagnostic formation techniques will be provided, including some culturally-specific interventions and practices to enhance clinical practice, client services, and community engagement.

### **5150**

September 28, 2011

9:00am - 12:30pm

Presented by various CBHS staff

St. Mary's Cathedral Conference Center

1111 Gough Street

In order to be certified to use the 5150 authority, providers must complete this training. This includes completion of a post test. All DPH and contract licensed or licensed waived Mental Health providers are eligible. Program Directors must request for their staff (licensed or unlicensed) to participate in this training. Professional school interns are welcome to the training but will not be authorized to conduct 5150s. Providers in substance abuse, primary care or social service agencies must be a licensed mental health provider, e.g., LCSW, RN, MD, PhD, MFT. **NOTE THAT THIS TRAINING IS FOR COMMUNITY PROVIDERS.**

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

Ms. Gjeltén: Elizabeth Gjeltén introduced herself as a playwright, consumer and family member. She announced to the board about the Friday 9/17/2011 Hunter's Point play put on by Strange Angels Theater at the St. Boniface Church Theater, and the event is free. She also mentioned that following right after the play is a post-show panel discussion called "What is Moral Treatment?" The website is <http://www.strangeangels theater.org/hunterspoint/>.

Ms. Apley: Alexandra Apley is a SOLVE speaker and volunteer at MHA-SF. She wondered if we have thought of the possibility of an overwhelming demand for psychiatric wards.

Ms. Robinson: "We will consider all alternatives to re-incarceration. We will also look at community placements as viable options."

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

*Ms. Robinson included her Mental Health Services Act updates in her director's report to the board. Please see Item 1.0.*

### **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATIONS: MENTAL HEALTH ASSOCIATION, MICHAEL GAUSE, ASSOCIATE DIRECTOR.**

### **3.1. Presentation: Mental Health Association, Michael Gause, Associate Director.**

Ms. Argüelles: "I would like to introduce Michael Gause, Associate Director of the San Francisco Mental Health Association. In addition to his work for the Mental Health Association, Michael has jumped into San Francisco issues by leading the curriculum committee for the new Crisis Intervention Training for the San Francisco Police Department."

*Please see below for the Mental Health Association of San Francisco power point presentation*

Mr. Gause: "I am so honored to be here and thank you too Jo Robinson for your advocacy for prevention and early intervention.

The Mental Health Association of San Francisco is a local chapter of the [national] Mental Health America, which was formally known as the Mental Health Association (MHA). But, right now, in San Francisco we decided to retain the Mental Health Association of San Francisco name just to reduce any re-printing expenses.

Consumers have told us the stigma of mental illness is difficult to overcome, and we have noticed three types of stigma: self stigma, structural stigma and societal stigma. Our dedicated staff and community leaders challenge these stigmas through community education and training.

There are several MHA-SF programs to support family members, consumers and communities. SOLVE is Sharing Our Lives, Voices and Experiences and it humanizes people who are affected by mental health conditions. The Institute on Compulsive Hoarding and Cluttering (IHC) includes peer led hoarding and cluttering support teams. By the way, there will be a two-day hoarding and cluttering conference from April 26, 2012 to April 27, 2012. PREP is Prevention and Recovery in Early Psychosis for 14-27 years old."

Mr. D. Lewis: "Could hoarding and cluttering be found even in highly functional individuals?"

Mr. Gause: "The general stereotype is only poor people are hoarding and cluttering, but hoarding and cluttering can be found in people in the middle and upper class."

Ms. Landy: "As a teacher, I have seen this [hoarding and cluttering] in young children who often get teased by their peers."

Mr. Gause: "The average age starts around 15 years old – which is more prevalent, although hoarding and cluttering is predominantly found in the older population. Now I would like to talk about the PREP program which stands for Prevention and Recovery for Early Psychosis."

We have 52 PREP clients who were referred by UCSF. There is no waiting list to participate. People can complete intake through [PREPwellness.org](http://PREPwellness.org) then receive referrals to come to our program for a two-year PREP recovery service. These services are community partnership programs for early intervention and treatment for psychosis."

Ms. V. Lewis: "Is there a study for PREP?"

Mr. Gause: "I think UCSF has done PREP studies, and their website is <http://www.prepwellness.org>. *MHS-SF provides PREP information.*"

Mr. Lewis: "Can you talk more about the Police Crisis Intervention Training (PCIT) training?"

Mr. Gause: "PCIT was put on by MHB quarterly for about 10 years. Nearly 1000 patrol officers were trained. It was under Police Chief Fred Lau who initiated the training with the board. The last training was in June 2010."

Now that MHA-SF is coordinating the training as the Crisis Intervention Team (CIT) training. The focus is to train 20% of San Francisco patrol officers for 40 hours. Ideally, CIT would be a monthly training emphasizing for crisis intervention team members in the San Francisco Police Department."

Ms. Brooke: "When MHB did the Police Crisis Intervention Training, it was organized originally with Sergeant Michael Sullivan then Inspector Dunn. The training was approved at the time by San Francisco Police Chief Fred Lau who designed the training for all officers in the SFPD, although San Francisco sheriffs were welcomed too."

Inspector Dunn: "The idea of having a crisis intervention team is that they found critical incident occurs usually the first 90 seconds."

Another is the big difference between Memphis, TN and San Francisco, CA is San Francisco has a dense population in a hilly-compact land space [seven squared miles] while Memphis is more flat



and spread out. Memphis police have a quicker response. While in San Francisco, it may take officers awhile to get to the incident.”

Ms. Landy: “It sounds like they are re-starting the training again but calling it CIT again.”

Inspector Dunn: “They will call it the crisis intervention team. Nearly 1000 San Francisco Police already received the training under MHB’s PCIT. So for many of them are just getting a refresher training in CIT.”

Ms. V. Lewis: “Can the board gets future updates on how the CIT training progress?”

Mr. Gause: “I am happy to come back to keep the board updated.”

Mr. D. Lewis: “I did not know that MHA existed in California, can you talk about MHA-SF?”

Mr. Gause: “Mental Health of America is a policy body. MHA-SF does advocacy, outreach, and supportive trainings for people in the County and City of San Francisco.”

### **3.2. Public comment**

Ms. Gjeltén: She suggested to Mr. Gause to make available MHA-SF materials for her theater.

Mr. Gause: “Let us stay in touch after the meeting so I can provide the materials.”

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of Jul 13, 2011 be approved as submitted.

Unanimously approved

## **ITEM 5.0 REPORTS**

### **5.1 Report from the Executive Director of the Mental Health Board.**

Ms. Argüelles: “Ms. Brooke will give her report and MHB Staff member.”

Ms. Brooke: “I want to check with board members who have email addresses at mhbsf.org to ask if you are checking those emails regularly. And if anyone would like to have the mhbsf emails forwarded to your personal email address, we can do that too.”

### **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: "I hope you all enjoyed having the month of August free of meetings. We have two more meetings after this, in October and November, and then we have our retreat on Saturday, December 3rd. I hope you will all be able to attend because we develop the board priorities for the coming year at the retreat. We will provide breakfast and lunch too.

I want to again welcome our newest board member, Lena Miller, who was appointed by the full Board of Supervisors to one of the Mental Health Professional seats. Ms. Miller will tell you a bit about herself."

Ms. Miller: "I grew up in San Francisco's Bayview Hunters Point (BVHP) area. I became the founder and a co-Executive Director of the Hunters Point Family agency in 1997.

After receiving my undergraduate degree in psychology, I spent quite a bit of time working with foster youth and group home systems. Bayview Hunters Point has a disproportionately high risk youth with mental health needs. I believe strongly in violence prevention and community collaboration. I also went on to earn a masters degree in Social Work.

Under Mayor Willie L. Brown Jr., I influenced opportunities for equity for minority businesses. I started up the Girl 2000 program, which was a tiny after-school program for girls. The program has expanded to over four sites, 3 urban farms and workforce development programs. In 2009, I helped launch the Ujamaa Employment and Entrepreneurship. Ujamaa has received 5 major workforce development contracts.

I look forward to working with the board."

### **5.3 Report by members of the Board on their activities on behalf of the Board.**

Mr. King: "I would like to meet with Supervisor Malia Cohen."

Mr. Lewis: "I am on the MHA-SF nomination board for the MHSA Awards. Please consider nominating people who are consumers to empower them on their personal journey."

Mr. Vinh: "I was recently accepted into RAM's certificate program on basic counseling. I will also be shadowing a mental health professional."

### **5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

Mr. Vinh: "I would like to re-invite Mobile Crisis Team in for a presentation."

Mr. Wishom: "I would like explore the issue of what happens to pets when their masters with mental illness are incarcerated."

Inspector Dunn: "Pets are usually arranged with neighbors for their care and well-being or taken to the San Francisco animal control shelter. We don't neglect pets if their owners get arrested."

Mr. Lewis: "I would like to see another NAMI of San Francisco presentation."

Ms. V. Lewis: "I am on the board of Night Ministry and would like to invite them in for a presentation."



Ms. Landy: "I would like to invite the SF School Board to present on what behavioral services they have offered to elementary students."

**5.5 Public comment**

No public comments.

**ITEM 6.0 PUBLIC COMMENT**

No public comments.

**Adjournment**

Meeting adjourned at 8:07 PM.

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*The Mental Health Association of San Francisco power point presentation*




MENTAL HEALTH  
ASSOCIATION OF  
SAN FRANCISCO

# MHASF Overview of Organization and Programs

Presented to  
SF Mental Health Board

September 14<sup>th</sup>, 2011


## MHASF Vision

 The Mental Health Association of San Francisco envisions a just, humane, and healthy community, where, free from stigma and prejudice, all people are accorded respect, dignity, and the opportunity to achieve their full potential.



MENTAL HEALTH  
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SAN FRANCISCO

# MHASF Mission

 The Mental Health Association of San Francisco (MHA-SF) is dedicated to improving the mental health of residents in the diverse communities of San Francisco through advocacy, education, research and service. In all its programs, MHA-SF works together with people and families challenged by mental illness and with the agencies that serve them to promote prevention, access to services, leadership, and independence.



MENTAL HEALTH  
ASSOCIATION OF  
SAN FRANCISCO

# MHASF Values

- Mental health and wellness are essential to the development and realization of every person's full potential.
- Prevention and early intervention are the most humane and effective strategies for addressing mental illness.
- All human beings, whether they live with psychiatric disabilities or not, have equal worth and deserve equal treatment



MENTAL HEALTH  
ASSOCIATION OF  
SAN FRANCISCO

# MHASF Values

- Every person has the right to full and equal participation in society and to the responsibilities that go with it—regardless of disability, race, ethnicity, religion, gender, economic status, or sexual orientation.
- All people should have equal access to a full array of appropriate, high quality, voluntary, community-based, consumer-guided, culturally sensitive health services, regardless of ability to pay.



MENTAL HEALTH  
ASSOCIATION OF  
SAN FRANCISCO





# MHASF Values

- The full inclusion and involvement of individuals living with mental illness, their family members, and diverse cultures is a core value and is at the center of all MHA-SF goals and objectives.
- MHA-SF values the power of broad-based citizen action, collaboration and community partnerships.



# MHA-SF Overview

 Provided leadership in mental health education, advocacy, research and service for the diverse communities of San Francisco for nearly 60 years.

 The San Francisco-based organization is one of 340 Affiliates of the National Mental Health Association throughout the United States.



MENTAL HEALTH  
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## MHA-SF Overview – Community Education and Training

- Promote awareness about mental health in the community
- Sponsor regular support groups for mental health consumers
- Challenge stigma, prejudice & discrimination associated with mental illness
- Provide information, referral, educational trainings and workshops for advocacy, self-help and self-care



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## MHA-SF Overview – Policy and Advocacy

- Represent needs of people with mental illness at local policy meetings
- Organize consumers to advocate for mental health reform
- Participate in city policy committees
- Coordinate collaborative coalition groups
- Partner with decision-makers, advocates and communities to advance progress in mental health and public health policy



# MHA-SF Programs



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# SOLVE

## Sharing Our Lives, Voices and Experiences

- Funded by Mental Health Services Act
- Peer education campaign dedicated to eliminating the stigma of mental illness.
- Addresses the mental health concerns many of us experience but don't talk about.



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- Speakers have first-hand experience with mental illness and would like to share their stories of struggle, hope and triumph with your community
- Mission to decrease fear and isolation
- Speak to community groups that have impact on access to mental health resources



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# Stigma

## Three Types of Stigma

Self Stigma

Structural Stigma

Societal Stigma

Self, structural and societal stigma combine to form a powerful triad of negativity toward mental health consumers, which delays or altogether obstructs access to mental health services



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## Self Stigma

- Stigma behavioral health consumers feel towards themselves, which can prevent people from seeking the support of family, peers, and professionals



## Structural Stigma

■ Inherent in the policies of private and public institutions that restrict opportunities for people with mental illness. Experienced as bias, avoidance, discomfort, and outright discrimination



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# Societal Stigma

Stigma that comes from the general public towards a stigmatized group

- Prejudices against people with mental health conditions permeate most social milieu and contribute to exclusion in subtle and blatant ways
- Learned early in life (Byrne 2000)



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# MHA-SF ICHC

- Institute on Compulsive Hoarding and Cluttering (ICHC)
  - Center for information, training, education, policy and dissemination of research on compulsive hoarding and cluttering



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# MHA-SF ICHC

- ICHC Services include:
  - Community Education / Trainings
  - Annual Conference
  - Support Group
  - Treatment Group
  - Task Force
  - Information and Referral
  - Consultation



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# What is Hoarding and Cluttering?


- Acquisition of, and failure to discard, possessions that appear to be useless or of limited value
- Living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed
- Significant distress or impairment in functioning caused by the hoarding

(Frost and Hartl, 1996)



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# PEER LED HOARDING AND CLUTTERING SUPPORT TEAM

 Funded by the Mental Health Services Act.

The Peer Led Hoarding and Cluttering Support Team (PLST) will serve to increase access to services for the underserved group of San Franciscans with serious hoarding and cluttering issues via a peer-based model of care in which Peer Responders with first-hand experience of hoarding and cluttering collaborate with support staff to provide interventions and access to therapeutic services while maintaining consumers in their housing.



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# Treatment Methods

## MHA-SF SUPPORT GROUP

- Held Weekly at MHA-SF Office
- Goal-oriented
- Harm Reduction Approach
- For more information contact MHA-SF at (415) 421-2926 or [info@mha-sf.org](mailto:info@mha-sf.org)



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# Treatment Methods

## MHA-SF TREATMENT GROUP

- 16-week Treatment Group
- Weekly and held in the evening
- Cognitive Behavioral Approach
  - Recognize errors in thinking
  - Imagined and Real Exposure
- Next group will begin in late fall



# PREP

## Prevention and Recovery in Early Psychosis

PREP is a breakthrough outpatient program for early psychosis and schizophrenia in San Francisco County:

- Evidence-based treatment
- Strength-based, harm-reduction approach
- Individualized and culturally appropriate
- Targeted at adolescents and transition-age youth (14-27 years old) and their families
- 2-year program




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# PREP



A community partnership between:

FSASF				
<ul style="list-style-type: none"> <li>- Administration of PREP Program</li> <li>- Administration of PREP services</li> </ul>				
<b>UCSF</b> <ul style="list-style-type: none"> <li>- Research</li> <li>- Conducting PREP assessments &amp; intake</li> <li>- Presentation training</li> <li>- Connecting mental health professional community to PREP services</li> </ul> <b>UCSF Medical Center</b>	<b>MHA-SF</b> <ul style="list-style-type: none"> <li>- Outreach</li> <li>- Marketing</li> </ul>  <b>MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO</b>	<b>LSYS</b> <ul style="list-style-type: none"> <li>- Connecting homeless youth to PREP services</li> </ul> <b>LARKIN STREET</b>	<b>Sojourner</b> <ul style="list-style-type: none"> <li>- Connecting foster youth, at-risk families and juvenile justice system to PREP services</li> </ul>  <b>Sojourner Truth</b>	<b>CBHS DPH</b> <ul style="list-style-type: none"> <li>- Providing emergency care to those in need</li> </ul> 



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PREP is funded by CA Mental Health Services Act (Prop 63)

# PREP Target Population

## Ultra High Risk/Prodromal Psychosis

- Never experienced a full psychotic episode
- Low-level perceptual changes or unusual thinking that predicts risk of onset of full psychosis
- very brief, limited psychotic symptoms
- first-degree relative with psychotic disorder and large recent drop in functioning



# PREP Target Population

## Recent Onset Psychosis

- Diagnosis of schizophrenia, schizophreniform or schizoaffective disorder
- Onset of full psychosis within the past 2 years



# PREP

## Roster of Services

Formal Diagnostic Assessment	Thorough, reliable diagnosis and comprehensive assessment of symptoms
CARE Management	For 2 years, Care Manager addresses the broad spectrum of client and family needs
Multi-Family Group Therapy (MFG)	Participating families receive support from other families experiencing similar challenges
Algorithm-based medication management	Ensures that patient choices are informed and respected and symptoms are managed at the lowest possible dose
Cognitive Behavioral Therapy (CBT)	Focuses on how a person thinks and acts. Jointly identifies problem areas in the client's life and develops specific goals to target them
Neuropsychological Testing	An assessment to help identify a person's strengths and weaknesses in their thinking
Education/Employment Support	Care managers work with clients to resolve issues that arise in school or on the job, and to meet their professional development goals
Substance Abuse Services	PREP takes an integrated approach, holding the principles of harm-reduction and meeting clients where they are

Minimization of hospitalization

Cognition and active recovery focus

Improved functional outcomes

Cost-effective



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# MHA-SF Statewide Projects

August of 2011

- Two separate statewide projects for Stigma and Discrimination Reduction.
- MHASF is the lead agency
- Working with leading state and national partners to bring a new Center forward.
- Both projects under new California Center for Dignity, Social Inclusion, and Stigma Elimination, which will be housed at MHASF.



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# MHASF Statewide Projects

■ Funded by CalMHSA.

■ CalMHSA is a Joint Powers Authority, a quasi-governmental organization set up to implement projects that involve public resources and efforts across multiple jurisdictions, in this case California counties. The CalMHSA JPA is administered by the George Hills Company a private company in Sacramento.



# MHASF Statewide Projects

## ■ Three Areas of Concentration for Statewide Projects:

- Suicide Prevention
- Stigma and Discrimination Reduction
- Student Mental Health



# Statewide Projects

## Project #1 – RESOURCE DEVELOPMENT

- Outcomes: Increased availability of best practice training resources for stigma and discrimination reduction for people with mental health challenges
- Deliverables: Support training for mental health and system partner staff and staff of system partners that serve populations across the lifespan and underserved ethnic, racial and cultural communities



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# Statewide Projects

## Project #2 – Promising Practices Program Outcomes and Deliverable

- Increased knowledge of the effectiveness of community-led promising practices
- Increased knowledge of how to build the evidence for promising practices
- Increased use of identified effective and promising practices that lead to reduced stigma and discrimination



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# Statewide Projects

## *Proposal approach (Both projects)*

- Participatory action research
- Best practice analysis based on leading research
- Community input, feedback, participation
- Cultural relevance and Effectiveness
- Values Driven



# Statewide Projects

## CORE Partners

- National Consortium on Stigma and Empowerment/Patrick Corrigan, PsyD.
- UC Davis Center for Reducing Healthcare Disparities/Sergio Aguilar Gaxiola, MD; PhD.
- MHAC (Mental Health Association in California)/Rusty Selix
- California Youth Empowerment Network



# Statewide Projects

## CORE Partners, continued:

- Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
- Project Return Peer Support Network; Los Angeles County (\**South* lead)
- Peers Envisioning and Engaging Recovery Services (PEERS); (\**North* lead)
- Family Youth Round Table; San Diego county



## Contacting MHASF

[www.mha-sf.org](http://www.mha-sf.org)  
(415) 421-2926

Michael Gause Contact:  
[michael@mha-sf.org](mailto:michael@mha-sf.org)  
(415) 421-2926, extension 304



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# Questions

THANK YOU!

And a special thanks to the Mental Health Board for their advocacy and efforts. In particular, the MHB has done amazing work on the Crisis Intervention Team training (CIT) for SFPD.



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## SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)

### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, October 12, 2011

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

6:30 - 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

#### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

#### Item 3.0 PRESENTATION: JAIL PSYCHIATRIC SERVICES, JOAN TANYA, CLINICAL DIRECTOR

For discussion.

3.1 Presentation: Jail Psychiatric Services, Joan Tanya, Clinical Director

3.2 Public comment

8:00 a.m. msf  
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#### **Item 4.0 ACTION ITEMS**

For discussion and action.

##### **4.1 Public comment**

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of September 14, 2011 be approved as submitted.

#### **Item 5.0 ELECTION OF OFFICERS**

For discussion and action

##### **5.1 Public comment**

##### **5.2 Election of Officers**

Lynn Fuller, Vice Chair, is resigning from the Mental Health Board for personal reasons. The Executive Committee acting in the capacity of a Nominating Committee proposed the following slate: Ellis Joseph, Vice Chair, David Lewis, Ph.D., Secretary. As Ellis was previously the Secretary, his position would become immediately vacant if he becomes Vice Chair, so a Secretary was also nominated. This slate only serves as a proposal and additional nominations can be taken from the floor.

#### **Item 6.0 REPORTS**

For discussion and possible action.

6.1 Report from the Executive Director of the Mental Health Board.

6.2 Report of the Chair of the Board and the Executive Committee.

6.3 Report by members of the Board on their activities on behalf of the Board.

6.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

6.5 Public comment.

#### **Item 7.0 PUBLIC COMMENT**

#### **ADJOURNMENT**



## **DISABILITY ACCESS**

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

## **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

## **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

#### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics)

SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee  
Mayor

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**Unadopted Minutes**

Mental Health Board

Wednesday, October 12, 2011

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Ellis Joseph, Secretary; Kara Chien ; Linda Bentley; Wendy James; Noah King III; David Lewis, Ph D; Virginia S. Lewis, LCSW; Lena Miller; Alphonse Vinh; and Errol Wishom, Virginia Wright.

**BOARD MEMBERS ON LEAVE:** Inspector Kelly Dunn; Alyssa Landy; and Lynn Fuller, Vice-Chair.

**BOARD MEMBERS ABSENT:** None

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Joan Cairns, Director of Jail Psychiatric Services; Tanya Weisheit, Director of Jail Aftercare Services; Charles Nitts; and three other members of the public.

**CALL TO ORDER**

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:33 PM."

**ROLL CALL**

Ms. Brooke called the roll.

**AGENDA CHANGES**

Ms. Argüelles: "There are no agenda changes this evening."

**ITEM 1.0 DIRECTORS REPORT**

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

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Ms. Robinson: "I have a couple of supplemental updates to share with the board that were not on my October report.

California's Assembly Bill, AB109 is the state's criminal justice re-alignment legislation. Realignment, in essence, gives another imprisonment option for tens of thousands of non-violent felons. This re-alignment means that for the City and County of San Francisco, we have been expecting 31 post releases from prisons. So far, three of the 12 post releases are already released but these three need mental health services. People who have been released usually need a 30-day supply of medications such as insulin. We just resolved a situation where a gentleman was recently released without his medications.

AB3632 is the second realignment addressing mental health services for San Francisco students with disabilities. As of July 1, 2011 we have started treating these students in spite of the State funding being diverted to the San Francisco school district. A memorandum of understanding was communicated by us to the school district about four weeks ago. But, so far, the memorandum is still being reviewed by the school district.

Yesterday, we had the Seeking Safety Training that went very well. Since many of our clients have trauma backgrounds, the training provided them with valuable skills. An intern from a local university will review and inform us of feedbacks from attendees.

This Friday is the MHSA award ceremony at the Unitarian Church. 90 people have been nominated for awards. The space capacity is about 200 people. However, right now, the event is over impacted beyond capacity. People who did not RSVP may not be able to attend the event."

Mr. Lewis: "I am on the MHSA award committee, and the event is very packed. We did not expect it to be so crowded!"

*Please see the attached October 2011 Director's report.*

Monthly Director's Report  
October 2011

**1. The Parent Training Institute Wins the SAMHSA 2011 Science and Service Award**

The Parent Training Institute (PTI) is a specialized program within the San Francisco Department of Public Health that oversees the implementation and evaluation of evidence-based parenting interventions. The parenting interventions are delivered by nonprofit and civil service providers throughout the city and are always free of charge to families. The intent of all PTI activities is to improve child mental health and child welfare outcomes for families in San Francisco, and this work is made possible through blended funding from four family-serving city agencies: the San Francisco Department of Public Health, the San Francisco Human Services Agency, First 5 San Francisco, and the Department of Children, Youth, and Their Families.

Since September 2009 the PTI has overseen the rollout of Triple P Parenting, a multi-level parenting intervention intended to increase parental confidence and competence. The success of the Triple P program has led to its expansion throughout San Francisco, and to date 47 Triple P

groups (Levels 4 and 5) have been delivered in three languages to 443 parents, affecting 804 children.

The PTI's Triple P outcomes are evaluated in three domains: child behavior problems, parenting practices, and parental stress. An analysis of variance (ANOVA) found pretest to posttest change to be statistically significant in all three domains. Additionally, an analysis of co-variance (ANCOVA) confirmed the slopes of change were equivalent across four ethnic groups, indicating that the Triple P program is equally effective for ethnically diverse parents. These results demonstrate that carefully and collaboratively implemented practices yield the outcomes that diverse families want: fewer disruptive child behaviors and a more effective, less stressful parenting experience.

(415) 255-3412  
www.pti-sf.org

## **2. UCSF/SFGH Public Psychiatry Fellowship**

Because it has been found that early- and mid-career psychiatrists spend more time in publicly-funded settings than in private practice settings (Psychiatric Services 2006; 57:1640-1643), an increasing number of psychiatric residents are recognizing the need for specialized post-residency training in public and community psychiatry. In response to this trend, in the past five years the number of public and community psychiatry fellowship training programs has increased from three to fifteen.

The UCSF/SFGH Public Psychiatry fellowship is the first Public Psychiatry Fellowship in California. Developed under the sponsorship of CBHS, this one-year fellowship is under the Direction of Christina Mangurian, MD, UCSF Assistant Professor of Clinical Psychiatry and James W. Dilley, MD, UCSF Vice-Chair of the Dept. of Psychiatry and Chief of Psychiatry at San Francisco General Hospital.

Two fellows were recruited this 2011-2012 academic year: Dr. Fumi Mitsuishi, former UCSF Psychiatry Chief Resident; and Dr. James Shackelford, former UCSD Combined Family Medicine and Psychiatry Program Chief Resident. Dr. Mitsuishi spends four days a week providing clinical services at Chinatown-North Beach Mental Health Clinic under the supervision of Dr. Hung-Ming Chu. Dr. Mitsuishi's independent project is examining the comparative effectiveness of various CBHS mental health programs in reducing the wait time to see psychiatrists. Dr. Shackelford spends four days a week providing clinical services at the South of Market Mental Health Clinic under the supervision of Dr. Steven Wozniak. Dr. Shackelford's independent project is improving the referral process to primary care services provided at the South of Market Mental Health Clinic.

## **3. Seeking Safety Group Modality Treatment Implementation**

An Intensive two day training will held for a select group of clinicians from both Adult and Children's programs who have volunteered out of interest and desire to implement Seeking Safety groups at their respective agencies. The response and interest has been tremendous. This training will be done by Gabriela Grant on Wednesday and Thursday, October 12th and 13th at

the Bahai Center, 170 Valencia. Seeking Safety is an exciting, effective best practice model for working with clients dealing with Trauma and Substance abuse. There will be quarterly consultation meetings for one year to help agencies/group facilitators with the implementation and maintenance process. These programs have agreed to begin Seeking Safety groups no later than January, 2012. Prior to this, Civil Service, CBO representatives and Norman Aleman from CBHS Training Office met for several months of planning. This process has generated great energy and excitement and a great thanks to all who worked to bring this vision to fruition.

#### **4. Invitation to Present at the California Drug Utilization Review Board**

San Francisco has received the honor of being invited to present its performance improvement project (PIP) aimed at reducing the usage of multiple antipsychotics to the California Drug Utilization Review (DUR) Board in Sacramento, November 15th. The Medication Use Improvement Committee (MUIC) identified the topic of multiple antipsychotic prescribing due to the potential risks to patients. An antipsychotic polypharmacy subcommittee was established which was led by Drs Gloria Wilder and James Gasper of the Pharmacy Department, and included stakeholders from San Francisco General Hospital, the San Francisco Behavioral Health Center, Laguna Honda Hospital, and Jail Health Services. The aim of the project was to reduce the prevalence of multiple antipsychotic prescribing without any adverse outcomes to clients. The main interventions used to achieve this objective involved raising awareness about the prevalence and dangers of multiple antipsychotic prescribing. Information was provided to prescribers about their clients receiving multiple antipsychotics, continuing medical education (CME) credits were made available to prescribers who chose to use case consultation services to address the challenges of tapering their clients to a single agent, and an antipsychotic polypharmacy progress note, requiring justification for the use of multiple antipsychotics was developed and implemented in Avatar. After one year, 38% of prescribers discontinued use of multiple antipsychotics with no adverse impact on clients, as measured by symptom severity on the Brief Psychiatric Rating Scale (BPRS) pre and post, and the rate of utilization of crisis services.

#### **5. NATIONAL SUBSTANCE ABUSE PREVENTION MONTH, OCTOBER 2011 A PROCLAMATION BY THE PRESIDENT OF THE UNITED STATES OF AMERICA**

By providing strong support systems for our loved ones, and by talking with our children about the dangers of alcohol and other drugs, we can increase their chances of living long, healthy, and productive lives. During National Substance Abuse Prevention Month, we celebrate those dedicated to prevention efforts, and we renew our commitment to the well being of all Americans.

The damage done by drugs is felt far beyond the millions of Americans with diagnosable substance abuse or dependence problems countless families and communities also live with the pain and heartbreak it causes. Relationships are destroyed, crime and violence blight communities, and dreams are shattered. Substance abuse touches every sector of our society, straining our health care and criminal justice systems.

For all these reasons, my Administration has made prevention a central component of our National Drug Control Strategy, and we have developed the first ever National Prevention

Strategy. These strategies, inspired by the thousands of drug free coalitions across our country, recognize the power of community based prevention organizations, and suggest that prevention activities are most effective when informed by science, driven by State and local partnerships, and tuned to the specific needs of a community.

By investing in evidence based prevention, we can also decrease emergency room visits and lower rates of chronic disease, easing the burden on America's health care system. We can improve student achievement and workforce readiness.

Most importantly, we must continue to support the efforts of parents and guardians, our children's first teachers and role models, whose positive influence is the most effective deterrent to alcohol and other drug use and the strongest influence for making health choices.

Through national collaboration, community programs, and the help of engaged youth, parents, guardians, educators, law enforcement officers, clergy, and others, we can build a stronger, healthier America. This month and throughout the year, let us teach our Nation's young people to tackle life's challenges with resilience, hope, and determination.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim October 2011 as National Substance Abuse Prevention Month. I call upon all Americans to engage in appropriate programs and activities to promote comprehensive substance abuse prevention efforts within their communities.

IN WITNESS WHEREOF, I have hereunto set my hand this third day of October, in the year of our Lord two thousand eleven, and of the Independence of the United States of America the two hundred and thirty-sixth.

**6. Governor Brown signs bill to prohibit self-serve checkout of alcoholic beverages**

Thanks to three years of hard work by groups, organizations, and thousands of concerned individuals, Governor Brown has signed AB 183 (Ma, D-San Francisco), to ban dangerous alcohol sales through self-serve checkout machines in California. His action on this landmark legislation marks a significant victory for public health and safety that will hopefully be replicated across the country. Starting January 1, 2012, new point-of-sale restrictions on alcohol take effect in California, like those necessary for buying other dangerous substances like tobacco, drugs, guns and ammunition. Quite simply, all alcohol purchases must take place through a face-to-face encounter with a trained store clerk. That will ensure that underage drinkers and already intoxicated adults will be denied access. Less access means less alcohol-related harm.

**7. Helping to keep staff healthy**

**HSS Benefits Fair - Free Seasonal Flu Shots for Employees**

To the extent feasible, please encourage your staff to take advantage of the Health Services System Benefits Fair on October 25th or 26th.



Free seasonal flu shots and health screenings will be available. For those employees who attend the fair to receive a flu shot and/or health screening, use of sick pay (up to one hour) shall be allowed.

Please note, employees must provide verification of receipt of the flu shot/health screening in order to be allowed to use paid sick leave.

Please note that lines for shots will be at their highest during lunch time. Employees must utilize Floating Holidays, Comp Time or Vacation for any time beyond the one hour for flu shot/health screening, or if they attend the fair, but do not receive the flu shot/health screenings. DPH employees should also obtain pre-approval from their supervisor to attend the Benefits Fair during work time.

#### Free Seasonal Flu Shots

Free flu shots for adult employees, retirees and dependents will be offered at the fair. Employees must complete an intake form and show their medical ID card to take advantage of free flu shots. HSS will strive to offer the best service possible - but supplies and staffing may be limited.

#### Free Health Screenings

These will include:

- Blood Pressure Check
- Blood Sugar Screening
- Cholesterol Screening

Per HSS, these basic health screenings are considered by doctors to be universal health indicators. HSS encourages members to learn about the importance of these tests and their role in health risk assessment, disease prevention and detection. Employees must show their medical ID card to receive free health screenings.

For more information regarding the event, please reference the link below

<http://myhss.org/events/fair2011.html>

### **8. Upcoming Events/Trainings**

#### **Opioid Dependence During Pregnancy: Improving Neonatal and Maternal Outcomes**

Monday, October 17, 2011

12:00pm-1:00pm

Carr Auditorium

Presented By: Sarah H. Heil, PhD, Associate Professor of Psychiatry and Psychology, University of Vermont College of Medicine

San Francisco General Hospital Primary Care Grand Rounds

Co-Sponsored by

the Department of Medicine and the Department of Family and Community Medicine

Objectives:



1. Describe the consequences of prenatal opioid exposure, especially the neonatal abstinence syndrome (NAS)
2. Summarize the major outcomes of the MOTHER study
3. Increase understanding of issues associated with medication assisted treatment for opioid dependence during pregnancy
4. Increase understanding of issues associated with the management and treatment of NAS in neonates exposed to opioids in utero

**Accreditation:**

The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. UCSF designates this educational activity for a maximum of 1.5 hour(s) in category 1 credit toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit actually spent in the activity. You must sign in to qualify for CME credit.

**Understanding the Impacts of Incarceration on Individuals with Mental Illness**

Wednesday, October 19, 2011

St. Mary's Cathedral conference center,

1111 Gough Street

8:00 – 12:15

Dr.s Kupers & Shavit will be discussing the realities of prison life, the plight of mentally ill prisoners, the effects of prison conditions including solitary confinement and prison overcrowding. They will also be discussing the mental health care in the prisons and the realities of parole and community treatment.

After this training, participants will be able to:

- 1) Describe the impacts of incarceration on individuals with mental illness
- 2) Identify mental health treatment options and limitations within the prison system
- 3) Understand barriers to therapeutic relationships and trust building with prisoners/former prisoners
- 4) Describe strategies to assist formerly incarcerated clients with mental illness who are returning to the community

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

No public comments.

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

*Ms. Robinson included her MHSA updates in her director's report to the board. Please see Item 1.0.*

### **2.2 Public comment**

Mr. Nitts: Mr. Charles Nitts wanted to know more about various behavioral health treatments.

Ms. Robinson: "Our therapies are a broad range of evidence-based practices and most of which involve the cognitive model."

## **ITEM 3.0 PRESENTATIONS: JAIL PSYCHIATRIC SERVICES, JOAN CAIRNS, DIRECTOR OF JAIL PSYCHIATRIC SERVICES AND TANYA WEISHEIT, DIRECTOR OF JAIL AFTERCARE SERVICES**

### **3.1. Presentation: Jail Psychiatric Services, Joan Cairns, Director of Jail Psychiatric Services and Tanya Weisheit, LCSW, Director of Jail Aftercare Services**

Ms. Argüelles: "I would like to introduce Joan Cairns and Tanya Weisheit."

Ms. Joan Cairns is the Director of Jail Psychiatric Services (JPS). Prior to becoming director, she was a clinical director and manager for 18 years. She started her career in forensics while being an intern at Rikers Island while obtaining her degree from John Jay. She has a masters degree in clinical psychology and is a licensed marriage and family therapist (MFT). In addition to her work for JPS, she has been a consultant and a surveyor with the Institute of Medical Quality Assurance as part of a multi-disciplinary team that provides consultation and recommendations on a jail's mental health program, surveying over 20 jails in California.

Ms. Tanya Weisheit, a licensed clinical social worker, is the Director of Community and Court Operations for Jail Psychiatric Services (JPS). Under her direction, JPS's Aftercare Team provides community re-entry and transitional case management services to inmates with severe and persistent mental illness. She collaborates with the community mental health system and the San Francisco Superior Court to expand and promote service availability for the criminal justice population and encourages collaboration between the multiple systems impacting the lives of individuals with mental illness. Prior to becoming the Director of JAS, she worked in the jails providing crisis intervention, clinical case management, psychiatric evaluation and therapeutic services to mentally ill inmates.

Ms. Cairns: "We have lots of changes in Jail Psychiatric Services. Jo Robinson left JPS to head up Community Behavior Health Services (CBHS) of San Francisco in July 2010. A merger recently completed this year between the Haight Ashbury Free Clinic, Inc. and the Walden House. HAFCI has been contractually providing psychiatric treatments to inmates in the jail system of San Francisco County.

Our jail count number has been very low in the past seven months. We have a capacity for 2,000 but have only 1,460 patients in high acuity.

San Francisco General Hospital's psychiatric Wards 7D/7L, which are a part of the San Francisco County Jail system have eight rooms for 5150 patients. New to the county jail system is the Psychiatric Housing Unit at San Francisco County Jail #2 which has nine rooms, and this psychiatric unit has been full in the past three months.

There are six county jails in the San Francisco County Jail system with four in San Francisco and two in the City of San Bruno. Many psychiatrically disordered inmate patients are transferred out as administrative segregation from the general inmate population to San Bruno because it is safer for them. We have sent about 60 psychiatrically disordered inmate patients to San Bruno.

We sometimes have refused gravely disabled people at the intake facility. When this situation comes up we just send them to Psychiatric Emergency Services (PES) at SFGH for further assessment. Every month, we usually get about 10-18 gravely disabled people."

Ms. V. Lewis: "Of the general inmate population, how many of them are psychotic?"

Ms. Cairns: "We have about 60 inmates with active psychoses. We have transferred a few of them, under administrative segregation, to another San Francisco County jail in San Bruno."

Ms. V. Lewis: "What is the capacity and any statistics at the San Bruno jails?"

Ms. Cairns: "There is room for 600 inmate patients. This year we had 413 patients from 5150 holds, and 4,939 more inmates who are waiting for mental health evaluation.

We have seen an increase in the geriatric population, at least 65-year-old patients in the county jail system. For this population, we have conducted needs assessments with the University of California in San Francisco (UCSF). A number of geriatric inmate patients are first timers with Alzheimer' or dementia who are being charged for domestic violence or arson. Geriatric inmates with severely diminishing mental capacity are not always cognizant of their actions so they unknowingly commit a crime. Additionally, we have seen an increase in the number of women with violent charges."

Ms. Bentley: "How do these statistics compare to last year's or to five years ago?"

Ms. Cairns: "We are seeing an uptick in discharge planning, lower on evaluations, and less staff for individual treatment contacts as resources are being deployed toward group therapy. We are also starting to see a big jump in out of towners in our system."

Ms. Miller: "I'm interested in the major issues and treatments for these people."

Ms. Cairns: "We have seen people who have lost everything from their jobs to their families. We have seen an increase in geriatric people and women with violence charges. We try to understand their personal predicaments. People who have lost financial stability often committing self-preservation petty crimes are starting to come into JPS."

Mr. Wishom: "It sounds to me that your staff is going through a culture shock"

Ms. Cairns: "I think that is an accurate statement. We are learning to adapt to new trends"

Mr. D. Lewis: "How do you deal with inmate patients addicted to opiates and who are not already enrolled in some sort of drug replacement therapy?"

Ms. Cairns: "We just refer them to a jail medical department."

Ms. Robinson: "The San Francisco County Sheriff's department is very uncomfortable in dealing with inmates with opiate addiction. When these people are in custody, we provide some relief with medications for opiate detoxification. Most opiate addicts need medical intervention to help them go through withdrawal."

Ms. Wright: "Do you have a gender breakdown?"

Ms. Cairns: "Although men still out-number women right now, we have seen an increase in women."

Ms. Weisheit: "A number of research shows incarcerated women have more acute psychosis. All of them are in County Jail #2 right now."

Ms. James: "Any statistics on husbands and wives being simultaneously incarcerated, and what happens to their children?"

Ms. Weisheit: "The family initiative programs are conducted by the San Francisco sheriff department."

Ms. V Lewis: "I am trying to get a picture of how the system processes inmates with mental illness?"

Ms. Cairns: "After initial assessments, we do individualized referrals based on mental health status examinations that range from medication planning to discharge planning."

Of the 20 clinicians and managers working 24 hours, seven days a week, there are two persons in intake, two in assessment and two who are clinicians."

Ms. Robinson: "Can you please walk the board through the process in JPS?"

Ms. Cairns: "When people with mental illness are taken into custody, they first meet a triage nurse who interviews and refers them to JPS, if appropriate. Many are referred to 24 hour safety jail cells so they could not injure themselves."

Mr. Joseph: "I have observed that when people with mental illness enter the justice system for the first time, they tend to shut down or refuse to talk."

Ms. Cairns: "People who are quiet or too scared to talk are likely to get referred to JPS."

Ms. Robinson: "There is also the electronic health record going back to 1993 to give us psychiatric history."

Ms. Chien: "Does JPS conduct therapy in jail?"

Ms. Cairns: "Our directive is to stabilize people, treat and ensure their safety. We don't do 50 minute therapy. We treat them through creative writing, art, and theater. We do lots of group

therapies. We have an internship program where interns work as part of the clinical team in the psychiatric housing program."

Mr. Wishom: "When I was working in discharge planning department 7L (7D/7L) at SFGH we gave care packages to discharged patients with mental illness. A care package provided a solid tangible thing."

Ms. Weisheit: "I am glad you brought up care packages. Jails serve primarily as a short stay which is contrary to the general public's perception.

Data from multiple studies corroborate the fact that individuals with mental health illnesses being discharged from prison without sufficient supplies of medications, connections to mental health and other support services, and housing are almost certain to decompensate resulting in behavior that constitutes a technical violation of release conditions or a new crime.

But at JAS, we are responsible for assuring our clients are psychiatrically stable, supplying them with medications for 30 days supply; and ascertaining that their providers provide treatment continuity when they leave the jail.

To help our clients reduce recidivism, Jail Aftercare Services (JAS) focuses on re-entry planning. There are five clinical case managers providing transitional and linkage case management services to inmates with mental illness and competency restoration treatment to misdemeanants who have been found to be incompetent to stand trial. Its goal is to focus on preventing the isolation or disconnection, interruption of treatment, and loss of services that typically occurs when individuals with mental illness are incarcerated. Our efforts begin at the time of arrest and continue until the date of release.

Our clients are often involved with community mental health, probation, parole, Child Protective Services (CPS), foster care, the legal system, and the criminal justice system and that isn't even including their family and other support systems. It is extremely complicated and confusing to navigate through all of these systems and it is made worse by the fact that these systems tend to function in silos and do not communicate. What we try to do in JAS is act as the liaison between these multiple systems. We educate the systems about each other and support the client throughout the process so that there can be collaboration and cooperation.

We have a strong trusting relationship with the sheriff department. We serve as the central bridge to divert mentally disordered clients from going to jail and to place them directly in a community program for treatment.

We have a strong relationship with the Superior Court of San Francisco County, and we update the court with 4011.6 reports about a client's mental health or an inmate's eligibility for Behavior Health Court. About 50% of our clients qualified for behavior health court.

We also have a strong relationship with Community Behavior Health Services (CBHS). JAS refers the largest number of individuals to CBHS for intensive case management services with about 125 linkages in one year. We also place approximately 140 clients either in a residential program, locked psychiatric facilities or other housing situations per year.

In 2000, the Supreme Court of New York determined that an inmate with mental illness who was released from custody without any adequate discharge planning would more likely than not have another psychological relapse. The inmate would have a greater likelihood of concomitant with homelessness, substance abuse, and danger to themselves or others.

Re-entry planning by JAS is effective in reducing recidivism and in lowering the probability of being caught with a new crime! For examples, the behavior health court found that recidivism dropped by 26% and violent crimes reduced by 55%. In 2008, the County of San Francisco's behavior health court was awarded for best practice for its reduction in recidivism particularly with clients with severe mental illness."

Ms. V. Lewis: "Is there such thing as average length of stay, from the time of arrest to hand off to another agency?"

Ms. Cairns: "It depends. Some wait up to a year for access to BHC."

Ms. Robinson: "The average stay in jail is 3.5 days."

Ms. Chien: "The judiciary system of San Francisco includes three courts. There is the criminal court. There is the mental health or psychiatric court which addresses conservatorship when a person is not competent to stand trial and needs to be sent to a psychiatric hospital. And there is behavioral health court which diverts inmates with mental illness out of the criminal court into a treatment program."

Mr. King III: "What is the age range of interns?"

Ms. Cairns: "Our interns are graduate students in their 30's to 50's."

Ms. Miller: "How do you treat folks with attempted homicide but who may have been misdiagnosed for bipolar disorder?"

Ms. Cairns: "Everyone who comes in with homicidal charges will be evaluated by Jail Psychiatric Services."

Mr. D. Lewis: "Incarceration can exacerbate mental health issues. How can the jail be less traumatizing for people with mental illness and more rehabilitative?"

Ms. Cairns: "We hope sheriffs understand more about citizens with mental illness. We hope for sheriff participate in crisis intervention trainings. Many mentally disordered people who have never been involved in the criminal system can be greatly confused by law enforcement because either they don't understand an officer's commands, they are slow to react to an officer's requests, or they speak different languages. We hope there is more patience with mentally disordered inmates."

Ms. Robinson: "I think your concerns can be addressed if you go the October 19, 2011 training called the Understanding the Impacts of Incarceration on Individuals with Mental Illness."

Mr. D. Lewis: "Do you do forced medication?"

Ms. Cairns: "We don't do involuntary medication"

Mr. Wishom: "City Wide is a great agency for getting mentally disordered people stabilized."

### **3.2. Public comment**

Mr. Nitts: He wondered if presenters have any recommendations for JPS.

Ms. Cairns: "We hope UCSF nursing students can do studies on the geriatric population."

Mr. Nitts: He suggested to JPS presenters that dietary and exercise options can lower behavioral issues, since he has dealt with lots of homeless issues. He also suggested housing options.

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of September 14, 2011 be approved as submitted.

Unanimously approved

## **Item 5.0 ELECTION OF OFFICERS**

For discussion and action

### **5.1 Public comment**

No public comments.

### **5.2 Election of Officers**

Ms. Argüelles: "Lynn Fuller, Vice Chair, is resigning from the Mental Health Board for personal reasons. The Executive Committee acting in the capacity of a Nominating Committee proposed the following slate: Ellis Joseph, Vice Chair, and David Lewis, Ph.D., Secretary.

As Ellis was previously the Secretary, his position would become immediately vacant if he becomes Vice Chair, so a Secretary was also nominated. This slate only serves as a proposal and additional nominations can be taken from the floor.

All votes are public.

We will vote first for the position of Vice Chair. Ellis Joseph has been nominated. Are there any additional nominations from the floor? You are free to nominate yourself or anyone else on the board."

Ms James: "I nominate myself for Vice-Chair."



Mr. Wishom: "I nominate myself for Secretary."

Ms. Arguelles: "Since there is more than one nomination for each position, we will have a roll call vote."

Board members who voted aye for Ellis Joseph were: Linda Bentley, Kara Chien, Noah King, Ellis Joseph, Virginia Lewis, David Lewis, Lena Miller. Mr. Joseph was pronounced Vice Chair.

Board members who voted aye for David Lewis were: Lara Arguelles, Linda Bentley, Kara Chien, Wendy James, Ellis Joseph, Noah King, David Lewis, Virginia Lewis, Lena Miller, Alphonse Vinh and Virginia Wright. Mr. Lewis was pronounced Secretary.

## **ITEM 6.0 REPORTS**

### **6.1 Report from the Executive Director of the Mental Health Board.**

Ms. Brooke: "We are setting up schedules for program reviews. Let us know if you have any particular programs you want to review. The board also reviews programs that Jo Robinson may propose. Program reviews are conducted on any program that receives funding from CBHS.

So if you have programs you would like to visit please let me know.

I would also like to arrange a time to do an orientation with Ms. Linda Bentley and Ms. Lena Miller to talk about the mental health board."

### **6.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: "As part of my work on the Crisis Intervention Team committee with the San Francisco Police Department, I attended a Reverse Training yesterday at the police academy. It was very interesting.

I want to remind all of you again about the retreat coming up on Saturday, December 3rd. How many of you expect to be there at this point? Another event that is usually in December is the Sunshine Ordinance Training by the City Attorney's office for all board and commission members. We don't have a date yet, but I encourage you to go. Staff will let you know as soon as we get a date. And if you don't attend, you do have to either view the 2010 DVD or read the guidelines and take a test on it."

### **6.3 Report by members of the Board on their activities on behalf of the Board.**

Mr. Lewis: "I'm part of the Larkin Youth program which provides housing for transitional age youth (TAY) and youth services. There was neighborhood opposition in the Marina for the Edward II transitional housing for youth. The building was originally 16 units. But we got the Board of Supervisors except Supervisor Mark Farrell to convert the building into a 24 unit building for the TAY. The youth mortality is phenomenally high."

Mr. Vinh: "I am starting my shadowing program."

### **6.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**



Ms. Argüelles: "The next Executive Committee meeting is Thursday, October 20th, at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend."

Mr. V Lewis: "I would like to know more about the medication policy of the Laura's Law for people with behavioral health issues."

Ms. Chien: "I am interested in Dore Alley Urgent Care Center."

Mr. Vinh: "I would like to explore the geriatric population with mental illness."

#### **6.5 Public comment**

No comments.

#### **ITEM 7.0 PUBLIC COMMENT**

Mr. Nitts: He mentioned that it is easy to unknowingly violate the Brown Act by doing something small. He also wanted the board to send letters to the Homeless Board and the Shelter Board and would like to see the board network with these boards to do more.

#### **Adjournment**

Meeting adjourned at 8:20 PM.





## SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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### MEETING OF THE MENTAL HEALTH BOARD

Wednesday, November 9, 2011

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

6:30 – 8:30 PM

#### CALL TO ORDER

#### ROLL CALL

#### AGENDA CHANGES

##### Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

##### Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

##### Item 3.0 PRESENTATION: FAMILY MOSAIC PROJECT, JANA RICKERSON, LCSW, PROGRAM DIRECTOR

For discussion.

11-03-11A08:20 RCVD

3.1 Presentation: Family Mosaic Project, Jana Rickerson, LCSW, Program Director

3.2 Public comment

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#### Item 4.0 ACTION ITEMS

For discussion and action.

##### 4.1 Public comment

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of October 12, 2011 be approved as submitted.

#### Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment.

#### Item 6.0 PUBLIC COMMENT

#### ADJOURNMENT

##### DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

#### **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

#### **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sof@sfgov.org](mailto:sof@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

#### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics)



Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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### Unadopted Minutes

Mental Health Board

Wednesday, November 9, 2011

City Hall, Room 278

San Francisco, CA

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**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Ellis Joseph, Secretary; Kara Chien ; Linda Bentley; Inspector Kelly Dunn; Lynn Fuller, Vice-Chair; Wendy James; Noah King III; Alyssa Landy; David Lewis, Ph D; Virginia S. Lewis, LCSW; and Alphonse Vinh.

**BOARD MEMBERS ON LEAVE:** Virginia Wright, Lena Miller, and Errol Wishom

**BOARD MEMBERS ABSENT:**

**OTHERS PRESENT:** Helynn Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, MFCC, Director of Community Behavioral Health Services (CBHS); James Stillwell, Deputy Director of Community Behavioral Health Services; LaVaughn Kellum King, CEO of Friends of the Mental Health Board of San Francisco; Jana Rickerson, LCSW, Program Director of Family Mosaic Project; Janice Avery, MFT, Clinical Supervisor of Family Mosaic Project; and a member of the public.

### CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:39 PM."

### ROLL CALL

Ms. Brooke called the roll.

### AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

### ITEM 1.0 DIRECTORS REPORT

**1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.**



Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services is unable to be here tonight, so Jim Stillwell, Deputy Director of Community Behavioral Health Services will give the Director's report"

Mr. Stillwell: "I just want to highlight a few items in the November 2011 Director's report on behalf of Jo. Recently signed by Governor Jerry Brown, Senate Bill 41 (SB41) is the harm reduction legislation. Receiving funds from the Mental Health Services Act (MHSA), HireAbility Vocational Training will be offering employment opportunities to consumers in information technologies positions. People with hepatitis C virus (HCV) are faced with discrimination and stigmatization.

I would like to recommend the Legal and Ethical Issues in Providing Mental Health and Substance Abuse Treatment in Multicultural Contexts training on November 18, 2011.

Here are a couple of comments I have from the November 8, 2011 election results. Had the San Francisco sales tax proposition passed, San Francisco's health services would not be adversely impacted. San Francisco elected our current Supervisor Ross Mirkarimi to be the new Sheriff of San Francisco, and I suggest meetings with the new Sheriff regarding the disproportionate number of people with mental illness in San Francisco jails."

Mr. Lewis: "First, I was appointed by Supervisor Ross Mirkarimi to the mental health board, and I am happy to advocate behavioral health issues. What concerns do you have for the incoming sheriff?"

Mr. Stillwell: "In San Francisco jails, people with mental illness don't get the best treatment. The first issue is mental health education for the sheriff, so they would interact with these citizens positively. It would be good to invite the incoming Sheriff to a board meeting to be in touch with mental health issues and treatment programs in San Francisco."

Mr. Lewis: "Can you elaborate on the HCV discrimination?"

Mr. Stillwell: "In San Francisco about 85% of HCV transmission is from IV users who often get stigmatized. Hepatitis is just not an individual issue per se, but – from a larger perspective -- a community issue as well.

In essence, the community's hepatitis viral load is increasing. Compounding on top of the stigma is social discrimination. IV users feel oppressed by the system when doors are closed in their faces or they are being write-off as drug addicts. So a sense of defeatism is not very conducive to get themselves tested or adherence to treatment protocols. So hepatitis continuously circulates and expands in the community. The community viral load can decrease through community outreach, through education and through treatment since there are viable effective newer medications with fewer side effects and a shorter duration!"

*Please see the attached November 2011 Director's report.*

### **November 2011**

#### **1. Harm Reduction-related Legislation signed by Governor Brown**

- SB 41 (Yee) makes nonprescription sale of syringes standard pharmacy practice in California. The bill eliminates the need for local government and pharmacies to opt into a program in order

to sell syringes over the counter, and eliminates the need for county health departments to manage a program. It also raises the number of syringes that an individual may purchase and possess to 30, and allows syringe possession statewide when syringes have been obtained from a physician, pharmacist or authorized syringe exchange program. The provisions of the bill sunset on January 1, 2015. *Signed by Governor Brown: goes into effect January 1, 2012.*

- AB 604 (Skinner) permits the California Department of Public Health to authorize syringe exchange programs in locations where the conditions exist for the rapid spread of viral hepatitis, HIV or other potentially deadly diseases. *Signed by Governor Brown: goes into effect January 1, 2012.* A signing message can be found at: [http://gov.ca.gov/docs/SB\\_604\\_Signing\\_Message.pdf](http://gov.ca.gov/docs/SB_604_Signing_Message.pdf)
- AB 1382 (Hernandez) allows HIV test counselors who are currently authorized to perform HIV tests waived under the Clinical Laboratory Improvement Act (CLIA) to also perform two additional FDA-approved tests: one for hepatitis C virus (HCV), and another which combines tests for both HIV and HCV. This legislation will enable HIV counseling and testing sites to use the new oral rapid HCV and combination HIV/HCV tests when they become available in 2012. Signed by Governor Brown: goes into effect January 1, 2012.

For more information on the provisions of the bills, check the websites of CalHEP, the California Hepatitis Alliance, the Harm Reduction Coalition, and the Drug Policy Alliance. Full texts of these bills are available at [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

## **2. The American Red Cross Recognizes DPH**

People in the Bay Area make a difference in the lives of others in their communities every day. The American Red Cross Bay Area Chapter and civic leaders from six counties in the Bay Area joined together on September 22 at the Marines Memorial Annual “**Heroes Breakfast**” to celebrate everyday heroism; recognizing those individuals whose extraordinary acts of kindness and courage make them heroes. Led by **Barbara Garcia** Director, the San Francisco Department of Public Health staff, organizers, volunteers and participants of the **DPH Got Talent** Show held in May received the “Act of Kindness Award” for their generous charity work. The highly successful Talent event raised over 30K for the Worker’s Children Fund – granting full scholarships for foster children going to summer camp. Congratulations! Way to go DPH staff! You definitely have talent.

## **3. PRACTICE IMPROVEMENT PROJECTS JUDGED 'EXEMPLARY'**

San Francisco's CBHS achieved the distinction of having both 2010-11 Practice Improvement Projects (PIPs) graded as Exemplary. Each year the Department of mental health requires all 58 California counties to complete two PIPs to be evaluated by the external Quality Review Organization. San Francisco is the only county to have both projects judged to be exemplary.

The EPSDT PIP focused understanding the needs of children and youth who are receiving day treatment services (non-residential) and ensuring that the children are at the appropriate level of care.

The REDUCING POLYPHARMACE PIP successfully improved client care by reducing the usage of multiple antipsychotics.

#### **4. i-Ability Vocational IT Training Program (RAMS, Inc.)**

RAMS Hire-Ability is pleased and very excited to announce the expanded i-Ability Vocational IT Training program. There are three separate program tracks, each one offering consumers the opportunity to obtain on-the-job training and work experience in a structured program, under the guidance of a trainer. Each consumer is also assigned a Vocational Rehabilitation Counselor. The HelpDesk training program is the first track, which began in July 2011 (piloted Spring 2011) and operates on a nine-month cycle. This track is focused on responding to calls and providing customer service by answering the phones at the SFPDH Avatar Helpdesk hotline. Consumer Trainees are the first point of contact, resolving many simple requests and triaging more complicated issues to the CBHS Avatar Analysts. Next time you call the Avatar Helpdesk, you'll likely be speaking to one of the Consumer Trainees!

The second track, DeskTop Support, will begin in April 2012 (pilot in early 2012) and train consumers to provide technical support for computer hardware and software, also in partnership with CBHS. The third track under development is related to the launch of Avatar's Consumer Connect. This i-Ability track utilizes the train-the-trainer model with consumers providing training and support to their peers on navigating through the Consumer Connect web platform. Recruitment for the HelpDesk and DeskTop programs will begin in December 2011.

Funded by the Mental Health Services Act (MHSA), the primary goals of these i-Ability training tracks are to provide high quality designated IT support services, and engage consumers for improved emotional/physical well-being & quality of life, positive engagement in the community, increase self-sufficiency, and to obtain & retain competitive employment for entry-level roles in various technology related career fields. The target populations are San Francisco residents including transitional age youth, adults & older adults, aged 18 and over, who have personal experience receiving services from CBHS systems of care.

For more information, feel free to contact:  
Jason Greenlaw, i-Ability Program Manager  
(415) 282-9675 ext 231  
[jgreenlaw@hire-ability.org](mailto:jgreenlaw@hire-ability.org)

#### **5. San Francisco Trauma-Focused CBT Initiative for Children and Youth**

As part of the Violence Prevention Initiative in partnership with SF JPD and DCYF, SF DPH CYF System of Care has launched the San Francisco Trauma-Focused CBT Initiative for Children and Youth. TF-CBT is an evidence-based practice that treats the symptoms associated with chronic trauma exposure. TF-CBT has been shown to be effective in reducing symptoms in 80% of children and youth who receive the intervention. To date, twelve CYF SOC agencies that offer services city-wide have been trained to provide TF-CBT as an individual and group intervention. Services are currently available at the Center for Juvenile and Criminal Justice, Crisis Response Team, Community Youth Center, Instituto Familiar de la Raza, Special Programs for Youth, and YMCA Urban Services. For more information about the Initiative or TF-CBT, please contact Emily Gerber, Ph.D. @ 255-3448 or [emily.gerber@sfdph.org](mailto:emily.gerber@sfdph.org).

## **6. Congratulations to the MHSA Awards Recipients**

The very 1st MHSA Awards Ceremony to honor the achievements and recovery of recipients of MHSA services took place on October 14th, 2011 at the 1st Unitarian Church in San Francisco. It was an amazing event- where 92 individuals were recognized, as were 3 different MHSA-funded organizations. The entertainment was provided by talented and committed individuals, and all the planning for the event took place by a selfless group of individuals, most of whom were also consumers. We hope to be able to continue this celebration annually and that all MHSA-funded agencies can be involved!

## **7. MENTAL HEALTH LOAN ASSUMPTION PROGRAM (MHLAP)**

The MHLAP is funded by the Mental Health Services Act to recruit and retain mental health professionals in the Public Mental Health System. The **program pays up to \$10,000** of educational debt for employees and volunteers who work for the City & County of San Francisco – **Department of Public Health: Community Behavioral Health Services (CBHS) and CBHS-funded programs.**

Full details can be found <http://oshpd.ca.gov/HPEF/MHLAP.html>. Please carefully review the website's **Application Fillable** document and **Powerpoint "How to"** for qualified applicants' eligibility and frequently asked questions. Further questions can be referred to Kimberly Ganade-Torres at [Kimberly.Ganade-Torres@sfdph.org](mailto:Kimberly.Ganade-Torres@sfdph.org) or the Health Professions Education Foundation at [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov) or (800) 773-1669. *For more information, please Attachment I.*

## **8. Evaluation program promotes fiscal integrity, accountability**

Sacramento, CA -- The California Mental Health Services Authority (CalMHSA) announced today the selection of RAND Corporation to conduct statewide evaluation for its Prevention and Early Intervention (PEI) Initiatives. The PEI Initiatives are paid for through the voter-approved Mental Health Services Act (Prop. 63).

"CalMHSA is committed to fiscal integrity and accountability, and carrying out effective and efficient PEI initiatives. We look forward to working with the RAND Corporation to meet these goals," said Wayne Clark, President of CalMHSA. "The RAND team's experience in rigorous, objective evaluation makes them the right choice to design and implement our evaluation process."

Funded by the voter-approved Mental Health Services Act (Proposition 63), CalMHSA's three initial mental health programs are aimed at improving student mental health, eliminating and/or reducing suicides, stigma and resulting discrimination. These "Prevention and Early Intervention" initiatives are designed to shift California's mental health services approach to meet the needs of our diverse communities and reach individuals before they reach the crisis point.

The PEI Statewide Evaluation Project will:

- Improve data collection and evaluate effectiveness of PEI programs
- Identify innovative programs that can be successfully replicated

- Use research to design policies and programs that reduce suicide and suicide risks, reduce stigma and resulting discrimination, and improve student mental health in diverse populations across California.

"PEI initiatives are an important way that the state is taking action to promote mental and emotional health, reduce the likelihood of mental illness, and limit the negative impacts of mental illness on individuals and society," said Audrey Burnam, a RAND researcher who will head the project. "By evaluating what works best and what can be improved for California's system, we can help counties make the best use of scarce dollars during the state's financial crisis."

CalMHSA staff recommended the RAND Corporation team after a thorough review of Statements of Qualifications submitted. Reviews were conducted by an independent panel of subject matter experts.

The vote by the CalMHSA board authorizes CalMHSA staff to negotiate a contract with Rand Corporation.

Estimated cost for the evaluation program is \$8-10 million.

The California Mental Health Services Authority (CalMHSA) is joint powers authority (JPA) of California counties, funded by the voter approved Mental Health Services Act (Prop. 63). It is focused on the efficient delivery of California Mental Health Projects. Member counties jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional, and local levels. San Francisco is one of the 41 California counties that are members of CalMHSA. For more information go to [www.calmhsa.org](http://www.calmhsa.org).

## 9. Upcoming Events/Trainings

### **Legal and Ethical Issues in Providing Mental Health and Substance Abuse Treatment in Multicultural Contexts**

Friday, November 18, 2011

St. Mary's Cathedral Conference Center

1111 Gough St.

Registration begins at 8am

Training from 9am - 4:30pm

Trainer: Dan Taube, J.D., Ph.D.

#### **Description:**

Providing mental health and substance abuse services in collaboration with primary care providers poses particular challenges for mental/behavioral health and recovery service providers. Moreover, working with diverse populations adds complexity and richness to these challenges. Professional mental health and substance abuse ethics codes, case law and regulations for one set of providers may conflict with the standards that apply to others. For example, record keeping with respect to psychotherapy has a different level of protection under federal privacy law than does routine medical information, and substance abuse treatment records are protected by different—and more restrictive—federal rules than mental health services. The purpose of this workshop is to explore

some of the issues mental health and substance abuse services providers experience in integrated and primary care service settings. It also will give providers an opportunity to consider ethical and legal complexities of working with diverse clients in more depth. It will do so by providing a review of key ethical and legal concepts, and delineating recent ethical, regulatory and other legal changes that affect professional practice. The course will be taught at an intermediate level, and is appropriate for currently licensed professionals and current recovery service providers, as well as those working in primary care settings.

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

No public comments.

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

Mr. Stillwell addressed this in ITEM 1.0 when he talked about the HireAbility Vocational Training.

### **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATION: FAMILY MOSAIC PROJECT, JANA RICKERSON, LCSW, PROGRAM DIRECTOR**

*Family Mosaic presentation is attached at the end of the minutes*

### **3.1 Presentation: Family Mosaic Project, Jana Rickerson, Licensed Clinical Social Worker, and Program Director**

**Ms. Argüelles:** "I would like to introduce Jana Rickerson, licensed clinical social worker and Program Director for the Family Mosaic Project. Ms. Rickerson will start by providing a brief background of her experience."

**Ms. Rickerson:** "Good evening everyone, and with me is Janice Avery. She is the Clinical Supervisor of Family Mosaic Project, and she has been here for about nine years."

We are delighted to be here. We had a site visit from board member Mr. Joseph less than a year ago. We are happy that the board extended an invitation for us to be here tonight.



I recently joined the Family Mosaic Project (FMP) about a year ago and have found the staff to be dedicated and motivated. FMP is in Bayview Hunter's Point, and there is a strong belief that change is possible for families."

Ms. Avery: "At FMP half of the 16 care managers are located in Bayview, while five serve clients in the Mission neighborhood. FMP is a team work atmosphere with teams exchanging monthly data.

We have psychiatrists, public health nurses and care managers who have attained masters degrees in psychosocial or family behavioral health. FMP can serve English, Cantonese and Spanish speaking clients.

We have very few hospitalizations. However, each month about 3-18 San Francisco youth are at risk for familial separation.

Although FMP is funded to provide mental health services, our scope of practice extends beyond mental health because we recognize that the mental health service by itself is not enough. There are peripheral issues that must be taken into consideration.

Other issues, for examples, we consider are socioeconomic disadvantages, hoarding, homelessness, emotional abuse, domestic abuse, substance abuse, and community violence. Because we can not afford to deal with only one issue per se, generally, what we see is that mental health and emotional issues can not be isolated from each other without evaluating a client's living environment. Mental health issues, emotional issues and living conditions are dynamically interrelated!

For instance, school avoidance is diagnosed in a Bayview child. But we can not isolate or diagnose their mental health issues in isolation per se, because a school avoidant child may be expressing his or her best coping mechanism to what is really going on in that Bayview child's living environment. The child could be living in a community infested with gang related shootings and crimes. Thus, it is very possible that avoiding school keeps that child from becoming another homicide statistic. The school avoidance label is put on our kids, when the label is totally uncalled for!

Facing today's climate of fund reductions, we serve 160 clients with our fund allocation. In reality we really are serving about 300 clients because we don't treat a child in isolation without serving that child's parents and siblings too. Since an average Bayview or Mission family has four minor children, if a child experienced community violence so does the child's three other siblings. We have one family of a 27 years old single mother with 10 children, for example. This mother gave birth to two sets of triplets and two sets of twins. So for this family we do not treat a child in isolation but we also really simultaneously treat all 10 children and the child's mother. But we are only funded for 160 enrollments!

Our focus is strength based recovery, and we see clients for 12-18 months. Our kids are amazing because they are so resilient and because they thrive despite hardships. FMP clients not only deal with socioeconomic prejudice but also racism as well. A goal of ours is to strengthen families because as everyone is recovering and thriving individually so does the family and the community.

FMP provides a range of services such as mental health, individual and family therapies, public health visitation, tutoring, mentoring, respite, community support and school interventions for children with special needs in individual educational plans. We also do lots of advocacy.



Our care managers have gone out of the way to take care of our clients -- from taking an asthmatic mother to a hospital, to moving a family, or to take clients to social events. Our care managers more often than not give out their personal cell phone numbers, even though they are not covered. Many of our clients have lost people to community violence. As a family is stabilized we help the family connect to other community programs."

**Ms. Rickerson:** "I am very impressed with our staff who often go beyond their call of duty to help our youth. When there was a shooting in the community, for example, we often are the ones who figure out funeral services. FMP does an assessment of family needs, to coordinates services between agencies and to step-down services when appropriate."

**Mr. David:** "How may clients?"

**Ms. Rickerson:** "We have 160 enrolled members officially. Although the funding is for only enrolled clients, we often end up treating a child's play cousins too. How could we not treat the play cousins since these children have a similar preponderance in witnessing community violence together during a play session!"

**Ms. Avery:** "I want to give you another example. We did a school intervention of a child whose mother was working on her drug intervention services. The child was placed in an appropriate school that provided day classes with special needs for individual education plans and mental health services.

We use evidence based programs. We have about 17 parents who graduated in the triple P's program, a twelve week parenting course.

Our program is client-based with flexibility to accommodate a client's unique circumstances."

**Ms. Landy:** "How do you get clients?"

**Ms. Avery:** "Some of them come from the juvenile system, some from community based organizations, some from the sheriff's department, and some are self-referrals. Should we not able to serve someone, we try to refer that person out or make necessary accommodations to server that person."

**Ms. Virginia:** "What are the dropout rates?"

**Ms. Avery:** "About 25% of our clients have been through many city services, and sometimes it is very difficult for them to sustain recovery. We are very proactive in keeping clients participating in our programs, even if it means our staff have to personally go to knock on clients' doors at their homes. This is our "chase" management service!"

**Mr. Lewis:** "What is your agency practice regarding involuntary psychotropic medications?"

**Ms. Avery:** "We restrain ourselves from administering involuntary psychotropic medications. It is the last resort."

**Ms. Rickerson:** "I want to call your attention to our chart showing the middle bar labeled Risk Behavior Social. As you can see this snapshot shows we have a positive impact on family life. Our

2011 Client Satisfaction survey shows that of 108 returned the surveys 82% are satisfied with our services.”

**Ms. Avery:** “What we would like the board do for us is this. First, we could use some high technology devices such as computers and cell phones.

Second, once our lost warrior children who are between the age range of 18-22 aged out of our programs there is not much space in clinics for them. However, they still need support and we would like the board to advocate some fluid transitional services in education, job training, housing and food, since mental health is just a piece of the pie.”

**Ms. Rickerson:** “As our children aged out, sometimes our outpatient clinics did not have capacity. Perhaps, the board can advocate to Larkin Street and Hospitality House to open up space for our aged out youth. Many clinics are at capacity.”

**Mr. Lewis:** “You mentioned about being part of the Avatar system. Do you share information with other agencies to continue services?”

**Ms. Avery:** “In practice we provide the new agency with a client’s history after the client has consented to us to do so.”

**Ms. James:** “Your staff’s dedication to do outreach to families 24x7 is very commendable!”

**Ms. Landy:** “I am a 4<sup>th</sup> grade teacher and you organization’s dedication to bridging the gap between families and community services through outreach is so critical to children’s development.”

**Ms. Bentley:** “Please stay in touch with me regarding necessary cell phone and laptop donations.”

**Mr. Lewis:** “The Bill and Melinda Gates foundation provides grants for technology.”

### **3.2. Public comment**

No public comments.

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

**4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of October 12, 2011 be approved as submitted.

Unanimously approved

## **ITEM 5.0 REPORTS**

### **5.1 Report from the Executive Director of the Mental Health Board.**

Ms. Brooke: "I want to say thank you to Ms. LaVaughn King for her bath salt care package. Ms. King was a former board member appointed by Supervisor Michala Alioto.

Also, I would like to announce the Mental Health Loan Assumption program that you can send to anyone who could use this. The deadline is December 10, 2011."

### **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

Ms. Argüelles: "I want to again remind all of you about the retreat coming up on Saturday, December 3rd. How many of you expect to be there at this point?

All board members present indicated that they plan to attend the December 3<sup>rd</sup> retreat.

Ms. Argüelles: "Great! Last month I mentioned that the Sunshine Ordinance Training by the City Attorney's office for all board and commission members is usually in December. Apparently they are only going to do it every other year starting next year, so there are two ways that you can get your training. One is that we can show the DVD at the Retreat and each take the test, or you can view it and take a test online or on a DVD that staff can provide for you on your own time. The Executive Committee asked that we ask you at this board meeting if we should put it on the Retreat Agenda. So by a show of hands, how many would like to have some time allocated at the retreat for the Sunshine DVD?"

It was unanimous to pursue Sunshine Training individually rather than as an agenda item at the Retreat.

Ms. Argüelles: "Okay, it seems that everyone would rather study individually rather than put it on the Retreat agenda. Just a reminder that board members should not to engage in email discussions among other board members. Although a discussion with one other board member does not necessarily violate the open meeting laws, it is too easy for people to forward the emails to other board members and then all of a sudden the Mental Health Board is having a meeting that the public does not have the opportunity to participate in."

### **5.3 Report by members of the Board on their activities on behalf of the Board.**

No reports

### **5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

Ms. Argüelles: "The next Executive Committee meeting is Thursday, November 17th, at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend."

No new suggestions

### **5.5 Public comment**

Ms. King: She thanked the board for their support to Friends and Family of the Mental Board, for which she is the CEO. She thanked the board for advocating for mental health services.

**ITEM 6.0 PUBLIC COMMENT**

No public comments.

**Adjournment**

Meeting adjourned at 7:57 PM.

## Family Mosaic Project SF Mental Health Board

Jana Rickerson, LCSW, Program Director

Janice Avery, MFT, Clinical Supervisor

*November 9, 2011*

## Talking Points

- Overview of Family Mosaic Project
- Our Mission
- What We Do
- Results
- Client Satisfaction
- What We Need
- Questions

## Our Vision & Mission

- Vision: Every child, youth and family will strive and thrive, reaching their optimal potential.
- Mission: To strengthen children and youth to build a positive future of themselves, their families and their community.

## Who We Are Where We're Located Who We Serve

- *Who:* Agency comprised of Care Managers, Marriage & Family Therapist, Psychiatric Social Workers, Psychiatrist, Public Health Nurse and Business Office; Health Plan funded by Capitated Medi-Cal dollars.
- *Where:* Offices in Bayview-Hunter's Point, Mission and Chinatown.
- *Who:* SF children and youth who are at risk for out of home care due to their emotional/mental and behavioral issues; ages 3-18.

## What We Do

- Our Families
- Where Our Families Come From
- Case Examples
- Evidence Based Practices
- Why We're Great!

## Results: Clinical Formations Over Time

- 3 Major Domains
  - Presentation
  - Risk Behavior
  - Impact of Functioning



## Client Satisfaction 2011

- 145 client pool
- 108 surveys returned
- 89 of those overall score of 4.0 for satisfaction
- Approx 82% satisfied clients

## What We Need

- Improved Transition Opportunities
- Other Needs of Families

**FMP Vision**

Every child, youth and family will strive and thrive, reaching their optimal potential.

**FMP Mission**

We will strengthen children and youth to build a positive future for themselves, their families and their community.

**FMP Beliefs**

We believe that...

- Every child, youth and family has the right to a coordinated system of care.
- Every child, youth and family has the right to reach their own unique potential.
- Change is possible, and we can mobilize child, youth, family and community resources to build a nurturing team.
- Creative and innovative approaches should be embraced to meet the needs of every child, youth and family.
- Services must include, respect, recognize and be sensitive to cultural diversity.

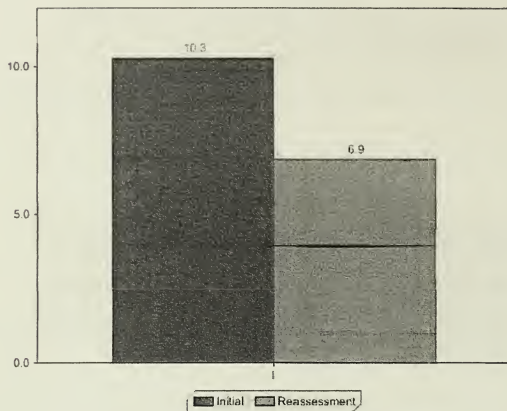
**FMP Aspirations**

- We strive to be a program where the families, partners and communities we serve make referrals to us because of our successful client and family outcomes.
- We value constructive feedback as a means to help improve our program and client outcomes.
- We foster collaborative community and business relations for sustainability.
- We are a collaborative agency working for the benefit of the organization, families and communities we serve.
- We foster growth through accountability by regularly evaluating the effectiveness of our program and making changes as necessary.

## Family Mosaic Project:

### Change in Actionable Needs from Opening to Reassessment

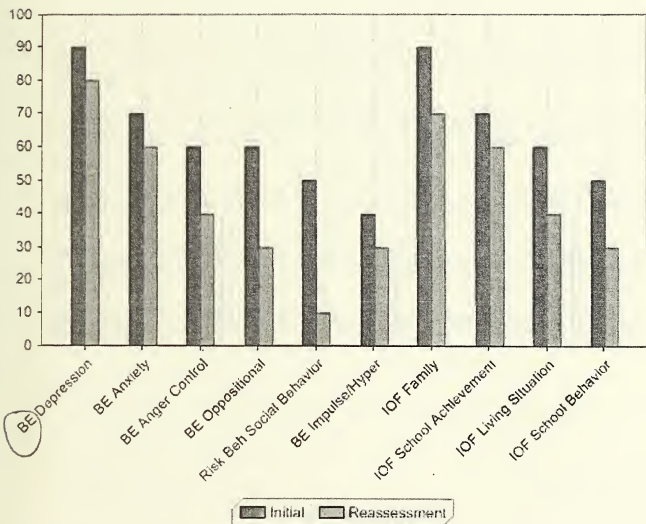
*(6 Months of Treatment)*



## Family Mosaic Project:

### Change in Most Frequent Needs from Opening to Reassessment

(6 Months of Treatment)





SAN FRANCISCO MENTAL HEALTH BOARD



Mayor  
Edwin Lee

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www.sfgov.org/mental\_health

Mental Health Board Annual Retreat

Saturday, December 3, 2011

SF Public Library

100 Larkin Street

Hispanic Meeting Room

Grove Street Entrance

9:00 a.m – 4:00 p.m.

AGENDA

1.0 Getting to Know You Icebreaker

1.1 Public Comment

2.0 Board Accomplishments

2.1 Public Comment

3.0 Goals Brainstorming

3.1 Public Comment

11-17-11A10:53 RCVD

Break for Lunch 12:00 – 1:00 pm

4.0 Priorities for 2011

4.1 Public Comment

GOVERNMENT  
DOCUMENTS DEPT

5.0 Planning for 2011

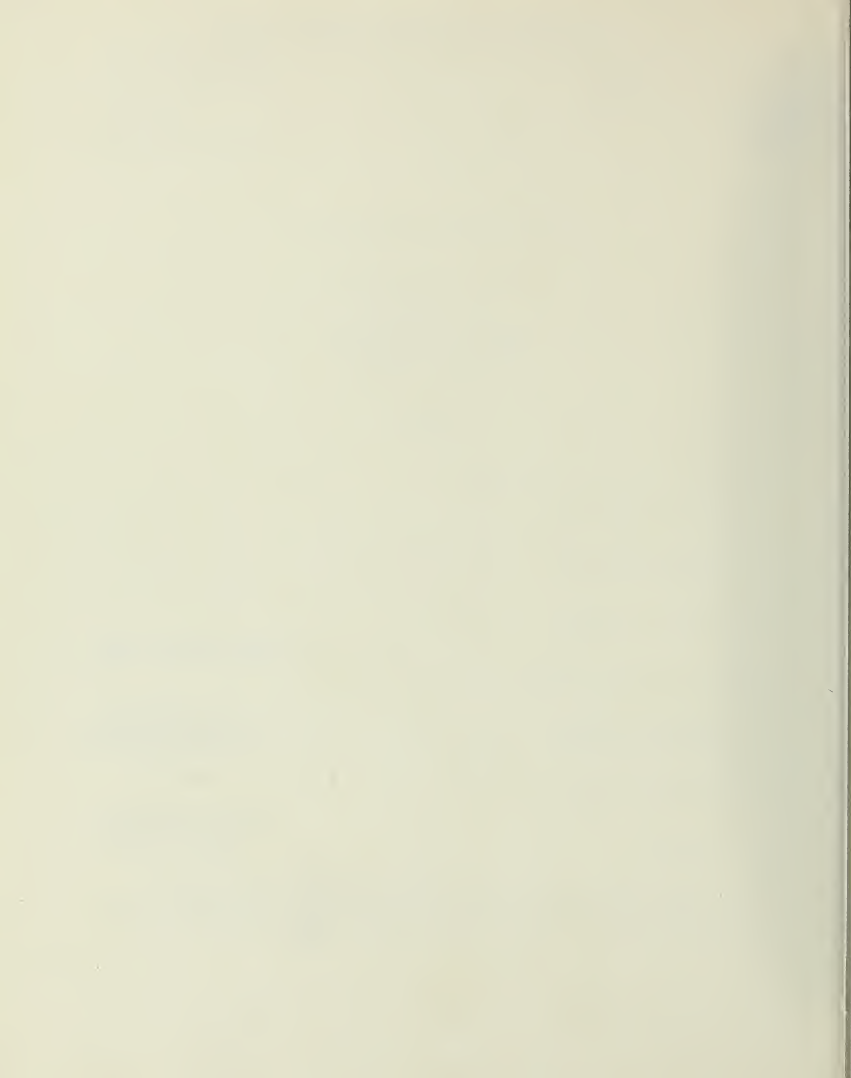
5.1 Public Comment

NOV 17 2011

6.0 Adjourn

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No votes will be taken on any items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on January 11, 2012. For further information, please call the office at 415-255-3474.





## **DISABILITY ACCESS**

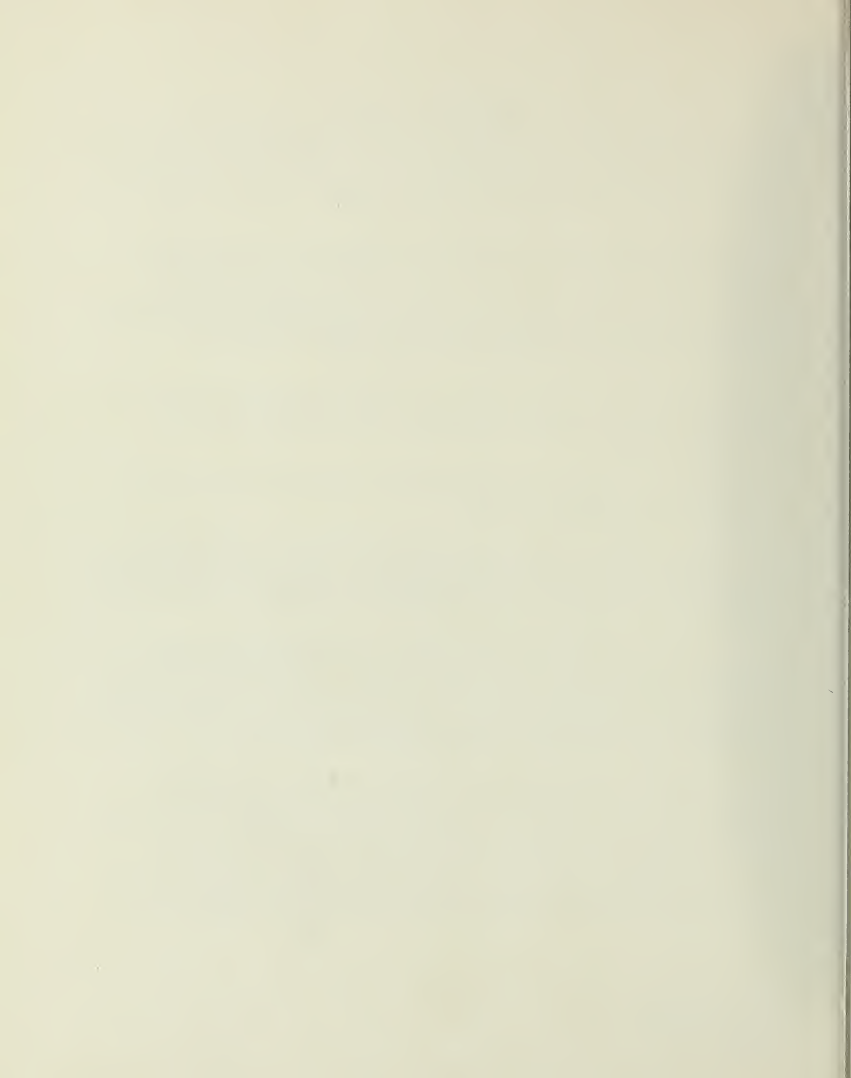
1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. The Retreat is held at the San Francisco Public Library, Main Branch, Hispanic Meeting Room on the lower level, Grove Street and 8<sup>th</sup> Street. The closest accessible BART station is the Civic Center station, at the intersection of Eighth and Market Streets. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
3. The Library is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible.
4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

## **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

## **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:



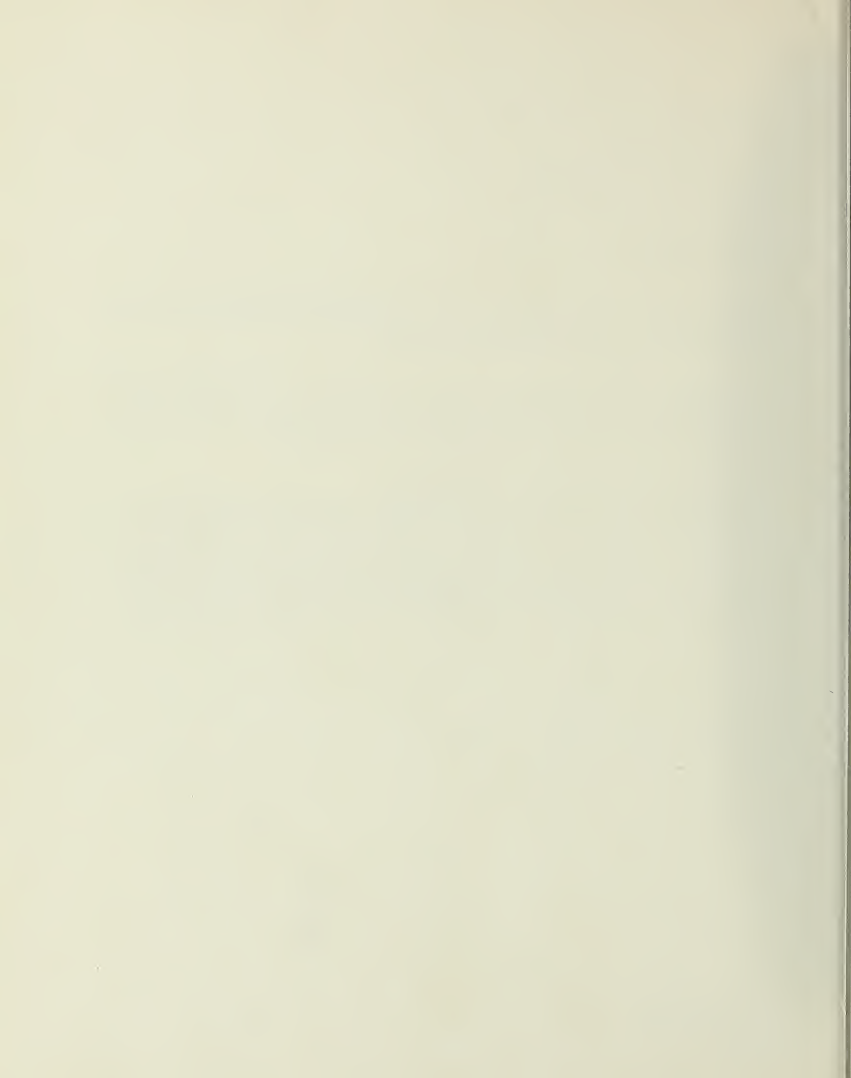
Chris Rustom  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org)

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine.htm](http://www.sfgov.org/sunshine.htm)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

#### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics).





Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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### RETREAT MEETING NOTES

Mental Health Board  
Saturday, December 3, 2011  
San Francisco Public Library  
Hispanic/Latino Community Room  
Grove Street, San Francisco, CA  
8 a.m. – 4 p.m.

GOVERNMENT  
DOCUMENTS DEPT

JAN - 5 2012

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**BOARD MEMBERS PRESENT:** M. Lara Siazon Arguelles; Linda Bentley; Kara Chien; Sgt Kelly Dunn; Wendy Christine James; Ellis Joseph; Lynn Fuller, Noah L. King III; Alyssa Landy; David E. Lewis; Ph.D Virginia S. Lewis, LCSW; Lena Miller; Alphonse Vinh; and Virginia Wright.

**BOARD MEMBERS ON LEAVE:** Terence Patterson; Ph.D and Errol Wishom.

**BOARD MEMBERS ABSENT:**

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, MFCC (Community Behavior Health Services Director); LaVaughn Kellum King; Tatjana Leipersberger, San Francisco State University's visiting and research scholar; and four members of the public.

*Ms. Tatjana Leipersberger's presentation to the Board is at the end of the retreat notes.*

### CALL TO ORDER

The meeting was called to order at 9:00 a.m. by M. Lara Siazon Arguelles (Chair)

### ROLL CALL

Ms. Brooke called the roll.

### AGENDA CHANGES

No changes were made.

Ms. Robinson: She requested having the CBHS's Executive Team attend a board meeting next year. She also requested having Mr. Jim Stillwell, CBHS's Deputy Director to talk to the board about the no smoking proposal for staff in CBHS clinics and residential programs. She talked about exploring appropriate substance abuse programs for children and youth to include various modality, resources, treatments and staff training.

### 1.0 GETTING TO KNOW YOU ICEBREAKER

Mr. David Lewis facilitated the Icebreaker. Everyone was randomly assigned into a group of three, and they interacted and got to know each other's personal accomplishments and common or shared interests among each other.

## **1.1 Public Comment**

No public comments.

## **2.0 BOARD ACCOMPLISHMENTS**

*Bellow is a power point presentation*

### **PRESENTATIONS TO THE BOARD**

- Overview of housing for people with mental illness
- Mental Health Services Act Updates - 5 year report
- Women Veterans Mental Health Needs and Issues
- Haight Ashbury Free Clinic's Inc.
- Oshun Program For Women
- Mental Illness in the Media
- Mental Health Services Act Updates: 2011-12 Annual Plan Update.
- Mental Health Needs For Homeless Youth, Larkin Street Youth Services
- Homeless Outreach Team
- Jail Psychiatric Services
- Family Mosaic Project
- San Francisco General Hospital Psychiatric Emergency Services:
  - Policies
  - Procedures
  - Description Of Services
  - Restraint Guidelines
- Mental Health Association

### **RESOLUTIONS/COMMENDATIONS**

- Budget Resolution
- Police Crisis Intervention Training Resolution
- Mobile Crisis Resolution

### **SUPERVISORS BOARD MEMBERS MET WITH IN THE PAST YEAR**

- David Chui
- Scott Weiner
- Ross Mirkarimi

- Jane Kim
- Carmen Chu

#### **PROGRAM REVIEWS**

- Family Mosaic: Ellis Joseph
- Haight Ashbury Clinic: Lisa Williams, and Loy Proffitt
- Oshun Clinic: Lisa Williams, and Loy Proffitt
- Positive Directions: Ellis Joseph
- Westside Crisis Clinic: David Lewis, Alphonse Vinh, and Helynna Brooke

#### **GABHS FOR GALS 2011**

- Mission: Gender appropriate, gender responsive and culturally proficient services for women, girls, and families in San Francisco's behavioral health system.

#### **WOMEN AND GIRLS HOT TOPICS BROWN BAG LUNCHES**

- New Perspectives and Interventions for Supporting Girl to Girl Aggression
- Early Menarche: Is it a risk factor for depression, substance abuse and eating disorders in girls
- Policy Recommendations: Behavioral Health Needs of Women and Girls of Color in San Francisco

#### **GABHS FOR GALS 2011**

- Ongoing Needs Assessment of Services for Women and Girls in San Francisco
- Safety in Community Mental Health: Formal study with Community Focus
- Gender Responsive added to CBHS Mission Statement

#### **GABHS FOR GALS 2011**

- Ten grants written
- Certification received to provide Continuing Education Units for LCSW's, MFT's and LPCC's to develop revenue source
- Coro Fellow, Brenda Castillo, is working on Outreach and Marketing Plan for our conferences

#### **WELCOME TO NEW BOARD MEMBERS SINCE LAST RETREAT**

- Alyssa Landy, Family Member Seat by Supervisor Eric Mar
- Lena Miller, Mental Health Professional Seat by the Board of Supervisors
- Virginia Lewis, Family Member Seat by Supervisor Carmen Chu

- Kara Ka Wah Chien, Public Interest Seat by Supervisor Jane Kim
- Linda Bentley, Public Interest Seat by Supervisor David Chui
- David Lewis, Consumer Seat by Supervisor Ross Mirkarimi
- Terrence Patterson, Mental Health Professional Seat by Supervisor David Campos
- Wendy James, Consumer Seat by Supervisor John Avalos
- Noah King, III, Consumer Seat by Supervisor Malia Cohen
- Alphonse Vinh, Consumer Seat by Supervisor Sean Elsbernd

#### **PROGRESS MADE TOWARD THE 2011**

- **GOAL #1:** Request geographic, demographic and mental health funding information from CBHS for the Southeast Sector Area. Seek data on the correlation of increased mental health services contributing to improvement of public safety. Advocate for increased programmatic support from CBHS for the Southeast Sector, monitor and gather information reflecting needs for services. Collect stories from people's personal experiences and compile for presentation.

#### **PROGRESS WITH GOALS....GOAL #1**

- Ongoing meetings of Community Wellness Partners (CWP)
  - Overall, CBHS is considering the needs of the Southeast Sector to a greater degree
  - Southeast Sector is targeted for Community Innovation funds
  - Presentation by Family Mosaic
- **GOAL #2:** Develop evidence based practices for treating women and girls mental health and substance abuse issues.

#### **PROGRESS WITH GOALS....GOAL #2**

- Ongoing work of GABHS for Gals
- **GOAL #3:** Public Affairs: Contact media with newsworthy issues. Develop stronger Mental Health Board presence. News Page on Web Site. Outreach to community such as the National Alliance on Mental Illness (NAMI), youth organizations, the media, newspapers, and blogs. Attend community meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce, Development and Education Plan (WDET).

#### **PROGRESS WITH GOALS...GOAL #3**

- Presentation by Chronicle editor regarding media
  - Board members attended many community events and hearings
  - Board members working with SFPD and Mental Health Association to create new police training
- **GOAL #4:** Investigate mental health issues for veterans, including women veterans, and invite presenters to the board to present services.



## **PROGRESS WITH GOALS...GOAL #4**

- Presentation about women veterans

## **ACTIVITIES CARRYING OVER TO 2012 AND NEW IDEAS**

- Women and Girls Mental Health Needs and Best Practices

### **2.1 Public Comment**

No public comments.

### **3.0 GOALS BRAINSTORMING -- Facilitated by Ms. Lynn Fuller**

#### **Discussion**

Follow through with developing a stronger media presence. Alphonse, Linda, Lynn and David volunteered to work on this in a committee.

- Outreach to supervisors and get a supervisor on the board
- Continued work in the Southeast Sector and hearing from the Healing Circle. Collect more data. Kelly, Noah and Lena might work on a committee. Advocate for more support in the Southeast by gathering stories, collecting information and advocating.
- Questions about gender should be included in all presentations, and outreach.
- Healing from trauma/youth/family and community violence/Crisis Response Team
- Participation in budget process, CBHS meetings, and letters to supervisors
- Sunshine Act clarification and explorations with new technology capabilities such as teleconferencing and skype.
- Mentally ill sexual offenders (ONRAP), trauma to youth and families
- Laura's Law, collaborate with MHA and NAMI
- Mental Health first aid for schools like Marin County is doing

### **4.0 PRIORITIES FOR 2012 -- Facilitator was Ms. Kara Chien**

- **GOAL #1: EDUCATION AND INFORMATION GATHERING**
  - a. Healing traumas, PTSD, and community violence in the SE sector
  - b. Laura's Law
  - c. Sexual offenders, sex abuse and SVP -- sexual violence & predator
  - d. SFUSD Programs: mental health first aid for schools
  - e. Sunshine and new technology

- **GOAL #2: IMPACT & ADVOCACY OF CRITICAL ISSUES**

- a. Media exposure
- b. Board resolutions
- c. Articles
- d. Supervisor outreach
- e. MHBSF.org website

- **GOAL #3: FOLLOW UP**

- a. Follow up on Goals 1 and 2, revisiting issues at each board meeting
- b. Follow up on the SF Police Department Crisis Intervention Team

- **TASKS**

- a. Get a supervisor from the Board of Supervisors onto the MHB
- b. Budget participation
- c. Media/IT

#### **4.1 Public Comment**

No public comments.

#### **5.0 PLANNING FOR 2011 – Facilitator was Mr. Alphonse Vinh**

- a. Education on issues
- b. Develop positions or resolution
- c. Develop strategy for advocacy
  - o Reaching media
  - o Supervisors
  - o Public
- d. Board members would individually work on issues and report to the Executive Committee

#### **5.1 Public Comment**

A public member stated that he appreciated the retreat because it gave him the opportunity to observe the board at its retreat.

#### **6.0 Adjournment**

Meeting adjourned at 3:15 PM.



# An investigation of coping strategies employed by adults with severe mental illness

Tatjana Leipersberger

Dec 3, 2011

# Agenda

- Overview
- Objectives
- Data Analysis
- Results
- Recommendations
- Discussion

# Overview

Qualitative study among 32 adults with severe mental illness

- Diverse ethnic backgrounds and sexual orientation
- Age 21 - 52



# Research Questions

- What comprises adult mental illness experience?
- How do people cope with their mental illness?
- Are there gender and ethnic differences?
- What are the effects on subjective quality of life?
- What can we learn from these results?

# Objectives

- Probing past and current goals to explore quality of life
- Respondents
  - viewed as mental health experts
  - encouraged to talk about strengths rather than deficits

# Sample: 32 Individuals

## Gender



■ Male - 19 (59.4 %)

■ Female - 13 (40.6 %)



compare with:  
Admissions to SF General Hospital Inpatient  
Psychiatry July 2009 - June 2010

Gender	Admissions
Male	799
Female	479

Source: San Francisco General Hospital; Department of Psychiatry; personal inquiry

# Sample

## Sexual Orientation



■ Straight - 26 (81.3 %)

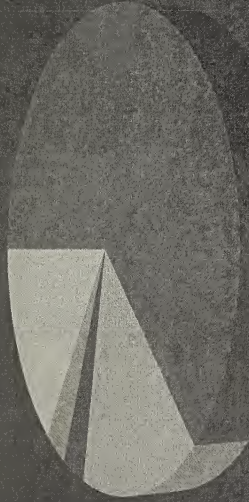
■ Lesbian - 2 (6.2 %)

■ Gay - 4 (12.5 %)

■ Transgender 0 - (0 %)

# Sample

## Ethnic Background



■ Caucasian - 13 (40.6 %)

■ Hispanic - 7 (21.9 %)

■ African-American - 5 (15.6 %)

■ Native American - 1 (3.1 %)

■ Samoan - 1 (3.1 %)

■ Asian - 0 (0 %)

■ Biracial - 5 (15.6 %)

## 32 interviews

Pre-  
treatment  
lives

Mental  
illness  
experience

Coping

Adjusted  
lives



Pre-  
treatment  
lives

Trauma  
(23)

Fear and  
Self-isolation (16)

Substance abuse  
(26)

Self-loathing  
(8)

## 32 interviews

Pre-  
treatment  
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Self-isolation (16)

Substance abuse  
(26)

Self-loathing  
(8)

## Coping

```
graph TD; C((Coping)) --- M[Medicine and other forms of therapy (22)]; C --- S[Spirituality (18)]; C --- I[Intellectual activity (17)]; C --- CS[Cognitive adjustment strategies]; C --- SF[Support from family, friends, others (21)]; C --- H[Humor]; C --- TA[The Arts]; C --- E[Exercise]; C --- R[Relocation];
```

Medicine and other forms of therapy (22)

Spirituality (18)

Intellectual activity (17)

Cognitive adjustment strategies

Support from family, friends, others (21)

Humor

The Arts

Exercise

Relocation



## Coping

Medicine and other forms of therapy (22)

Spirituality (18)

Intellectual activity (17)

Cognitive adjustment strategies

Support from family, friends, others (21)

Humor

The Arts

Exercise

Relocation

# Spirituality: Quotes

- "God will make a way for me... All the time."

*Mr. 15, 47, African American, gay*

- "If I don't get away from... Jehova God especially, I know... I will get better. 'Cause I feel that. That's... my strength."

*Ms. 3, 37, Hispanic, straight*

- "God has changed me... I've been clean for... four months and two weeks. And... Just my mental state is... a lot calmer"

*Ms. 4,33, Caucasian, lesbian*

## Coping

```
graph TD; C((Coping)) --- M[Medicine and other forms of therapy (22)]; C --- S[Spirituality (18)]; C --- I[Intellectual activity (17)]; C --- CS[Cognitive adjustment strategies]; C --- SF[Support from family, friends, others]; C --- H[Humor]; C --- TA[The Arts]; C --- E[Exercise]; C --- R[Relocation];
```

Medicine and other forms of therapy (22)

Spirituality (18)

Intellectual activity (17)

Cognitive adjustment strategies

Support from family, friends, others

Humor

The Arts

Exercise

Relocation



# Intellectual Activity: Quotes

- “I just want to use my brain. I’m so tired of it being surpressed...”

*Ms. 1, 38, Caucasian*

- “And I want to go back... to college... From working towards something maybe... I feel better about myself... If I can... be able to know I could do something and be able to help... someone else, you know?”

*Mr. 5, 52, African American*

## Coping

```
graph TD; Coping((Coping)) --- Therapy[Medicine and other forms of therapy (22)]; Coping --- Spirituality[Spirituality (18)]; Coping --- Intellectual[Intellectual activity (17)]; Coping --- Cognitive[Cognitive adjustment strategies]; Coping --- Support[Support from family, friends, others (21)]; Coping --- Humor[Humor]; Coping --- Arts[The Arts]; Coping --- Exercise[Exercise]; Coping --- Relocation[Relocation];
```

Medicine and other forms of therapy (22)

Spirituality (18)

Intellectual activity (17)

Cognitive adjustment strategies

Support from family, friends, others (21)

Humor

The Arts

Exercise

Relocation

# Quality of Life

- Rarely did past and present goals match:
  - Some goals persisted
  - Other goals were suspended
  - Often new goals were added
- All individuals named multiple present goals
- Over 3/4 were confident to attain *present* goals; their quality of life is still considered high

# Recommendations

- Spiritually responsive staff
- Encourage intellectual activity
- To address clients' desire to contribute



# Future Research Questions

- Why are there more men in the transitional treatment programs than women?
- Why are Asians underrepresented in Progress Foundation's programs?
- Role of spirituality
- Role of further education
- Significance of medication

Thank you very much  
for your attention





## SAN FRANCISCO MENTAL HEALTH BOARD

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# THE MENTAL HEALTH BOARD MEETING

## FOR

## WEDNESDAY, DECEMBER 14, 2011

## IS CANCELED

The Mental Health Board will be holding its Annual Retreat on Saturday, December 3, 2011 from 9:00 am – 4:00 pm at the San Francisco Public Library, 100 Larkin Street, San Francisco. The agenda will be posted on the [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health) web site, and at the San Francisco Public Library, and the Board of Supervisors.

The Annual Retreat is open to the public. No final votes will be taken by the Board at the Retreat. Any proposals or resolutions developed by the Board during the Retreat will be placed on the agenda for public comment and to be voted on at its next regular meeting on Wednesday, January 11, 2012 at 6:30 pm, City Hall, Room 278.

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